

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 13 AM 10:24

DOCUMENT # P06000021915

1. Corporation Name

ZEEL INC

2. Principal Office Address - No P.O. Box #

7435 SE HWY 301

Suite, Apt. #, etc.

3. Mailing Office Address

7435 SE HWY 301

Suite, Apt. #, etc.

City & State

HAWTHORNE, FL

City & State

HAWTHORNE, FL

Zip

32640

Country

USA

Zip

32640

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **02/14/2006**

5. FEI Number

161750499

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VIREN PATEL

Street Address (P.O. Box Number is Not Acceptable)

7435 SE HWY 301

Suite, Apt. #, Etc.

City

HAWTHORNE

State

FL

Zip Code

32640

500183240745
07/13/10--01017--008 **1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

V. Patel

Date **07/08/2010**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PATEL, VIREN	7435 SE HWY 301	HAWTHORNE, FL

10. E-mail Address: **VP0205@YAHOO.COM**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

V. Patel

07/08/2010

3524813829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #