

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT  
2013**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**

13 DEC 31 PM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

ZISP SERVICES CORP.

PO6000058942

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

17100 NW 14 AVE.

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

Zip

Country

33169

U.S.A.

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

04-25-2006

5. FEI Number

20-4755402

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

JAIME ZENTENO

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

17100 N.W. 14 AVE.

Suite, Apt. #, Etc.

City

MIAMI FL

State

Zip Code

FL

33169

800255127918  
12/31/13--01007--003 \*\*750.00

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

*Jaime Zenteno*

REGISTERED AGENT MUST SIGN

Date 12-25-2013

**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
P Pres.	JAIME ZENTENO	17100 NW 14 AVE	MIAMI, FL 33169
V V.Pres	ROSANA ZENTENO	17100 NW 14 AVE	MIAMI, FL 33169

10. E-mail Address: ZISPCORP@HOTMAIL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Jaime Zenteno*

JAIME ZENTENO

12-25-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #