PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Softricitary of State DIVISION OF CORPORATIONS DOS APR - 6 AM 9: 46 SECRETARY OF STATE TALLAMASSEE, FLORIDA SECRETARY OF STATE TALLAMASSEE, FLORIDA 2. Principal Office Address - No P.O. Box # 7254 LOBELIA RD PO BOX 56 Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State ESTEERO, FL Suite Power of State City & State Suite, Apt #, etc. 7. Name and Address of Current Registered Agent Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. The Marker To De Business or Florida 6. CERTIFICATE OF STATUS DESIRED The reinstatement fee is imposed, except in circumstances which the entity don't not receive the prior notices. Swere not received and requesting the reinstatement fee be waived. Suite, Apt #, etc. Suite, Apt #											. •	•	
TALLAHASSEE, FLORIDA ZENI LOGISTICS INC 2. Principal Office Address - No P.O. Box # 7254 LOBELIA RD PO BOX 56 Sulte, Apt. #, etc. City & State FT MYERS, FL Zip 33997 Country 33929 Country 33929 Country 75. Name and Address of Current Registered Agent Name INEZ BROPHY Street Address (P.O. Box Number is Not Acceptable) To Business in Florida The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City FT MYERS 8. I. being appointed the parametered 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 REGISTERED AGENT MUST SIGN Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		-		Secretary of State									
7254 LOBELIA RD PO BOX 56 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State FT MYERS, FL Zip 33967 Country 33929 Country 33929 Country Certificate of Status Desired To Do Business in Florida Applied For Not Applicable FC ESTEERO, FL Zip 33929 Country 33929 Country 33929 The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City MYERS State State State State State State Applied For Not Applicable FC CERTIFICATE OF STATUS DESIRED The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City FT MYERS State State State State Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors City / State / Zip	1. Corporation Name									SECI TAĻL	RETARY AHASSE	OF S EE, FL	TATE ORIDA
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Officers and/or Directors Officer and/or Director City / State / Zip	9. Names	and Street Ad	idresses of Each Officer	ınd/or Director (Fk	orida nonpro	fit corpo	rations must list a	at leas	st 3 directors)				
P INEZ BROPHY 7254 LOBELIA RD FT MYERS FL 33967	Titles										City / St	ate / Zip	
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10. 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 filling 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

INEZ BROPHY

04/02/2009

2394150625

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #