2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000104034

1. Entity Name
THE ZEBULUN CORPORATION

FILED
08 OCT 22 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08

Principal Place of Business	Mailing Address
11555 HERON BAY BOULEVARD SUITE 200 CORAL SPRINGS, FL 33076	11020 PEMBROKE ROAD SUITE 186 MIRAMAR, FL 33025

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10211 Pines Blvd	10211 Pines Blvd
Suite, Apt. #, etc.: Suite 145	Suite, Apt. #, etc.: Suite 145
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33026 Country: U.S.A	Zip: 33026 Country: USA

4. FEI Number: 45-0542809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, DONNA M
11020 PEMBROKE ROAD
SUITE 186
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name

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

10211 Pines Blvd; Suite 145

City: Pembroke Pines FL Zip Code: 33026

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Donna Watson Donna Watson 10.20.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES WATSON, DONNA M 11020 PEMBROKE ROAD; SUITE186 MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 10211 Pines Blvd; Suite 145 Pembroke Pines, Florida 33026	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SINCLAIR, DAVID A 320 SOUTH FLAMINGO ROAD; SUITE 129 PEMBROKE PINES,, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800137167928 10/22/08--01033--001 **158.75	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC SAMUELS, ECCLE M 11020 PEMBROKE ROAD; SUITE 186 MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☑ Addition SEC: Christine Sweeting 10211 Pines Blvd; Suite 145 Pembroke Pines, Florida 33026	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES BOCAGE, VALERI 1390 MARKET STREET; SUITE 2226 SAN FRANCISCO, CA 94102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition TRES: Eccle Samuels 5833 W. Oakland Park Blvd Sunrise, Florida 33313	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Watson 10-20-08 (954) 662-9908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #