


2007 FOR PROFIT CORPORATION REINSTATEMENT

page 1 of 2

DOCUMENT # P06000148198		
1. Entity Name ZINCO TRUST CORP		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 23 AM 10:40

Principal Place of Business 2200 NW 102 AVE 5 DORAL, FL 33172	Mailing Address 2200 NW 102 AVE 5 DORAL, FL 33172
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2. Principal Place of Business - No P.O. Box # 1501 SW 142 PL	3. Mailing Address 1501 SW 142 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10112007 REIN-P CR2E098 (1/07)

City & State MIAMI	City & State MIAMI, FL
Zip 33184	Country USA

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AGUILERA, RAUL 2200 NW 102 AVE 5 DORAL, FL 33172	
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7. Name and Address of New Registered Agent	
Name Aguilera Raul	
Street Address (P.O. Box Number is Not Acceptable) 1501 SW 142 PL	
City MIAMI	FL Zip Code 33184

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, GUILLERMO 2200 NW 102 AVE #5 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100111199701 10/23/07--01025--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUILERA, RAUL 2200 NW 102 AVE #5 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, HECTOR 2200 NW 102 AVE #5 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARTEAGA, CARLOS M 2200 NW 102 AVE #5 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

B 10/25/07
REINSTATEMENT 07

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: _____ Date: 10/17/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR