PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 SEP 06 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000092855

1 Corporation Name
ZIZAWA CORPORATION

REINSTATEMENT

CR2E081 (11/10)

2 Principal Office Address - No P O Box #
105 WRIGHT PKWY
Suite, Apt #, etc
79
City & State
FT. WALTON BEACH, FL
Zip 32548 County

3 Mailing Office Address
Suite, Apt #, etc
City & State
Zip County

4 Date Incorporated or Qualified To Do Business in Florida

5 FEI Number — Applied For / Not Applicable

6 CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee required for a Certificate of Status

7 Name and Address of Current Registered Agent
Name
UAO IL. LUN
Street Address (P O Box Number is Not Acceptable)
105 WRIGHT PKWY Apt 79
Suite, Apt #, Etc
City
FT. WALTON BEACH
State FL Zip Code 32548

800251488108
09/06/13--01017--013 **1508.75

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 _____ Date Sep 09, 2013
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
PRES.	UAO IL. LUN	105 WRIGHT PKWY Apt 79	FT. WALTON BEACH, FL. 32548

10 E-mail Address: _____
(To be used for future annual report notification)

11 I certify that I am an officer or director of 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: _____ Sep 09, 2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SEP 19 2013