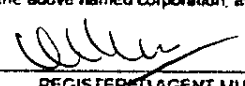
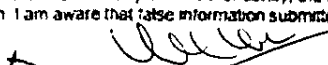


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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					
2. Principal Office Address - No P.O. Box # 105 WRIGHT BLVD Suite, Apt. #, etc. 79			3. Mailing Office Address Suite, Apt. #, etc. 		
City & State FT. WALTON BEACH, FL			City & State 		
Zip 32548		Country 		Zip 	
Country 		4. Date Incorporated or Qualified To Do Business in Florida 			
5. PAY NUMBER 				Applied For ☐ YES ☒ NOT APPLICABLE	
6. CERTIFICATE OF STATUS DESIRED 				\$9.75 Additional fee req'd for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name UAB K. LUN					
Street Address (P.O. Box Number is Not Acceptable) 105 WRIGHT BLVD Apt 79					
Suite, Apt. #, Etc. 					
City FT. WALTON BEACH				State FL	Zip Code 32548
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.	UAB K. LUN	105 WRIGHT BLVD 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Sep 09, 2013	

SEP 19 2013