

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 17 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07000134732**

1. Corporation Name

Zion Services Group, Inc.

WI-9584

2. Principal Office Address - No P.O. Box #

9635 SW 138th Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

1

Zip

Country

Zip

Country

33186

USA

500170454985

02/24/10--01037--009 **300.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-1640599

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Monroy & Co. P.A. (G08337900303)

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

9300 NW 25th St

Suite, Apt. #, Etc.

210

City

Doral

State

FL

Zip Code

33122

☒ 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.

500170454985

03/17/10--01039--022 **158.75

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **1/21/2010**

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
P	Ricardo Hanos	9635 SW 138th Ave	Miami FL 33186

10. E-mail Address: **Ricardo@zionservices.net**

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/10

Date

Daytime Phone #

786-295-0942