PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 NOV 26 AM 8:50
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P10000086537

1. Corporation Name

ZEUS VENTURES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15160 SW 71 Court	15160 SW 71 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto Bay, FL	City & State: Palmetto Bay, FL
Zip: 33158 Country: US	Zip: 33158 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 09/26/2014

5. FEI Number: 273755599 — [X] 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

400266922994

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: _____ Courtney Williams
REGISTERED AGENT NAME (PRINT)
Asst. Vice President

Date: 11.26.14

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	Daniel Fields	15160 SW 71 Court	Palmetto Bay, FL 33158

10. **E-mail Address:** Gofields2000@aol.com
(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: _____ 11/24/2014 (305)-790-2214 cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON

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CSC

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 365385 8020583

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 750.00

ORDER DATE : November 4, 2014

ORDER TIME : 9:03 AM

ORDER NO. : 365385-010

CUSTOMER NO: 8020583

2014 NOV 12 AM 9:58

SUFFOLK COUNTY

DOMESTIC FILINGS

NAME: ZEUS VENTURES, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____