CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 JUN 10 PM 3: 49

REINSTATEMENT 03-04

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06/10/04--01077--009 **300.00

DOCUMENT # P93000010513

1. Corporation Name
W.M. Zani Real Estate Consulting Incorporated

2. Principal Office Address
1530 W. SAND PIPER

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

Zip
33026

Country

3. Mailing Office Address
1530 W. SAND PIPER

Suite, Apt. #, etc.

City & State
PEMBROKE PINES

Zip
33026

Country

4. Date Incorporated or Qualified To Do Business in Florida 02/10/1993

5. FEI Number
65-0376893

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
WILLIAM ZANI

Street Address (P.O. Box Number is Not Acceptable)
1530 W. SAND PIPER

Suite, Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33026

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 _William Zani_
REGISTERED AGENT MUST SIGN

Date 6/3/04

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
CTS	ANN B. ZANI	1530 W. SAND PIPER	PEMBROKE PINES, FL 33026
P	WILLIAM M. ZANI	1530 W. SAND PIPER	PEMBROKE PINES, FL 33026

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 _William M. Zani_ WILLIAM M. ZANI 6/3/04 (305) 868-9620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (01/04)