

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068829

1 Corporation Name

BRAZIL ZUM ZUM ZUM, INC.

Principal Place of Business

Mailing Address

617 NE 30TH TERRACE
SUITE A
MIAMI, FL 33137
US

617 NE 30TH TERRACE
SUITE A
MIAMI, FL 33137
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

09/01/1993

5 FEI Number

59-3199105

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DCAR	CARNEIRO, CLAUDIONOR F.	680 NE 64TH ST. #PH1 680 NE 64TH ST. #PH1	MIAMI, FL 33138

000002046130--7
-01/03/97--01183--012
****383.75 ****383.75

REINSTATEMENT 1996
A. Maw
12/30/96

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

FRANCIS JOSE L
833 N. HIGHLAND AVE
SUITE 10
ORLANDO FL 32803

Name
CLAUDIONOR F. CARNEIRO
Street Address (P.O. Box Number is Not Acceptable)
680 NE 64TH ST.
Suite, Apt. #, Etc.
PH 1
City
MIAMI, FL
State
FL
Zip Code
33138

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Claudionor F. Carneiro / CLAUDIONOR F. CARNEIRO Date Dec. 26, 1996
REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12 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: Claudionor F. Carneiro Date Dec. 26, 1996 (305) 7584467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR