

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 27 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050702**

1. Corporation Name

**ZEFERETTI CONSULTING CORPORATION**

2. Principal Office Address

**3840 E. LAKE ESTATES DRIVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**DAVIE, FLORIDA**

City & State

Zip

**33328**

Country

**U.S.**

Zip

Country

**REINSTATEMENT 01-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/8/1994**

**WOP**

5. FEI Number

**65-0532406**

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

**Karen S. Leopold**

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

**20801 Biscayne Blvd.**

Suite, Apt. #, Etc.

**Suite 501**

City

**Aventura**

State

**FL**

Zip Code

**33180**

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

**Karen S. Leopold**

Date **10/17/03**

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.	LEO C. ZEFERETTI	3840 E. LAKE ESTATES DRIVE	DAVIE, FL. 33328
SECT.	BARBARA ZEFERETTI	" " " "	" " "

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/17/03 954-370-0009**

Daytime Phone #

282

*Honorable Leo C. Zeferetti*

3840 East Lake Estates Drive

Davie, Florida 33328

U.S.A.

954-370-0009

954-370-2102

*ZeferettiConsult@aol.com*

October 21, 2003

Florida Department of State  
Division of Corporations

Dear Sirs,

I am applying for Corporate reinstatement and have enclosed a personal check .Please be aware that I have not received a renewal notice at this address in three years. I realize that it is still my responsibility to file each year, but without notification it was not done. I had sent a change of address notice after filing in 2000 under the old address. Our discovery of being on your inactive file was just by accident. Neither my registered agent or myself were ever notified of the change in status. I would appreciate notification of the next filing date.

Thank you,

  
Leo C. Zeferetti