

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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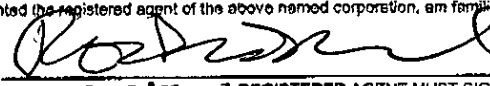
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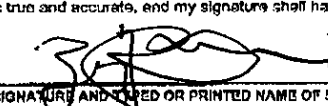
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 795000015435			
1. Corporation Name ZIG ZAG ENTERPRISES, INC.			
2. Principal Office Address 220 108th Avenue Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State Treasure Island, FL		City & State	
Zip 33706	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	2/24/95
5. FEI Number Applied For	☒ 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 Rock O'Neal, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 150 153rd Avenue	
Suite, Apt. #, Etc. Suite 203	
City Madeira Beach	State FL Zip Code 33708

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.	
Signature of Registered Agent  Rock O'Neal	Date 8/18/02

9. Name 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
ALL 7519	Zbigniew Przytula	220 108th Ave.	Treasure Island, FL

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)(f), 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	Zbigniew Przytula Date 8/18/02 Daytime Phone #