

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV 22 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000034101

1. Corporation Name

ZABAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

9809 S DIXIE HWY  
SUITE 115  
MIAMI FL 33158

9809 S DIXIE HWY  
SUITE 115  
MIAMI FL 33158

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

2. New Principal Office Address, If Applicable

15771 SW 106 Terrace  
Suite 102

3. New Mailing Office Address, If Applicable

15771 SW 106 Terrace  
Suite 102

City & State

Miami Florida

City & State

Miami Florida

Zip

33196

Country

USA

Zip

33196

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

05/02/1995

5. FEI Number

65-0586790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Rafael Aristizabal	15771 SW 106 Terr. #102	Miami Fla. 33196
M	Ahydee Lopez	15771 SW 106 Terr. #102	Miami Fla. 33196

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12/02/96 01020 025

\*\*\*383.75 \*\*\*383.75

8. Name and Address of Current Registered Agent

LOPEZ, AHYDEE  
13705 SW 90 AVE  
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name  
Lopez Ahydee  
Street Address (P.O. Box Number is Not Acceptable)  
15771 SW 106 Terr.  
Suite, Apt. #, Etc.  
Suite 102  
City  
Miami  
State  
FL  
Zip Code  
33196

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

Ahydee Lopez

SIGNATURE REQUIRED

Date 11-11-96

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:

Rafael Aristizabal

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-96

305 386 6262

Date

Daytime Phone #