

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # P95000050885

1. Corporation Name ZAID ENTERPRISES, INC.

## Principal Place of Business

7600 Miami View Drive  
N. Bay Village, Fl 33141

## Mailing Address

7600 Miami View Drive  
N. Bay Village, Fl 33141

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

|   |  |  |  |                |
|---|--|--|--|----------------|
| 2. New Principal Office Address, If Applicable<br>1632 NE 105th Street<br>Suite, Apt. #, etc. | 3. New Mailing Address, If Applicable<br>1632 NE 105th Street<br>Suite, Apt. #, etc. | DO NOT WRITE IN THIS SPACE   |  |                |
|   |  | 4. Date Incorporated or Qualified<br>To Do Business in Florida<br>06/29/1995 |  |                |
|   |  | 5. FEI Number<br>65-0600895  | Applied For  | Not Applicable |
|   |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                    | SB.75 Additional Fee required<br>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)

| Title(s)   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | City / State / Zip         |
|--|-----------------------------------|--|----------------------------|
| P/T  | Adelfa Diaz                       | 1632 NE 105th Street   | Miami Shore, Florida 33138 |
| VP/S   | Alberto Diaz                      | 1314 NE 105th Street   | Miami Shore, Florida 33138 |
| <b>REINSTATEMENT</b> 9/6-00 TS                                   |                                   |  |                            |
| 400003350374--5<br>-08/09/00-01015--017<br>***1350.00 ***1350.00 |                                   |  |                            |

## 8. Name and Address of Current Registered Agent

Alberto Diaz  
7600 Miami View Drive  
N. Bay Village, Florida 33141

## 9. Name and Address of New Registered Agent

Name  
Adelfa Diaz  
Street Address (P.O. Box Number is Not Acceptable)  
1632 NE 105th Street  
Suite, Apt. #, Etc.  
City  
Miami

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

REGISTERED AGENT MUST SIGN

Date 07/27/00

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

07/27/00 (305) 212-6284(b)  
Date  
Daytime Phone #

CR2E040 (12/95)