PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 29 PM 3:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P96000006833

1. Corporation Name

ZCD CORP.

REINSTATEMENT 10-03

2. Principal Office Address		**3.** Mailing Office Address	
20803 Biscayne Blvd.		20803 Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 305		Suite 305	
City & State		City & State	
Aventura, FL		Aventura, FL	
Zip	Country	Zip	Country
33180	Miami-Dade	33180	Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 01/19/1996

5. FEI Number: 65-0871818 ☐ 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 400020693304

Name: Roger Friedbauer 05/09/03--01087--025 **1208 75

Street Address (P.O. Box Number is Not Acceptable): c/o Friedbauer & Friedbauer, LLC, 701 Brickell Avenue

Suite, Apt. #, Etc.: Suite 2525

City: Miami | State: FL | Zip Code: 33131

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: Roger Friedbauer REGISTERED AGENT MUST SIGN

Date: 5/28/03

CR2E081 (10/02)

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
P/S/T/D	Bibliowicz, Jacky	20803 Biscayne Blvd., Suite 305	Miami, FL 33180
V	Paredes, Alonso	701 Brickell Avenue, Suite 2525	Miami, FL 33131
D	Doron, Rony	20803 Biscayne Blvd., Suite 305	Miami, FL 33180

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: _____ 5/20/03 305.792.5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #