

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000010240

1. Corporation Name

ZAMBELLI BUILDERS, Inc.

2. Principal Office Address

2946 MEDINAN ST.

Suite, Apt. #, etc.

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Zip Country
33332 USA

REINSTATEMENT

09-10

4. Date Incorporated or Qualified To Do Business in Florida

2/1/96

5. FEI Number

65-0643003

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

RICHARD ZAMBELLI

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

2946 MEDINAN STREET

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33332

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****900.00 ****900.00

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

X 2/20/00

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/O	RICHARD ZAMBELLI	2946 MEDINAN STREET	Ft. Lauderdale FL 33332
V/O	EDWARD ZAMBELLI	15761 TURNBERRY DRIVE	Miami Lakes FL 33014

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:

X [Signature] RICHARD ZAMBELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/20/00
Date

X 305-821-8843
Daytime Phone #

RICHARD ZAMBELLI

CR2E081 (9/99)