

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000071786

1. Corporation Name

ZYVIA CORP.

Principal Place of Business

~~4299 COLLINS AVE.~~
MIAMI BEACH FL 33140
US

Mailing Address

~~4299 COLLINS AVE.~~
MIAMI BEACH FL 33140
US

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

2. New Principal Office Address, If Applicable

4333 COLLINS AVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

4333 COLLINS AVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1996

5. FEI Number

65-0702432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|-------------------------------------------|--------------------------------------------------------|--------------------------------------------|
| P | NEISS, CHARLES B | 1860 FLAGBURN AVE FLATBUSH | BROOKLYN NY 11210 |
| VP | NISS, JACOB | 1860 FLATBUSH AVE. | BROOKLYN NY 11210 |
| S | KANOFF, SYLVIA | 4333 COLLINS AVE. 1860 FLAGBURN AVE FLATBUSH AVE | MIAMI BEACH, FL 33140 BROOKLYN NY 11210 |
| VP | KANOFF, MICHAEL | 4333 COLLINS AVE. 1860 | MIAMI BEACH, FL 33140 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

~~FZALIK, SHARONE~~
~~4333 COLLINS AVENUE~~
~~MIAMI BEACH FL 33140~~

9. Name and Address of New Registered Agent

Name
JOSHUA D. MANASTER
Street Address (P.O. Box Number is Not Acceptable)
1428 BRICKELL AVE.
Suite, Apt. #, Etc.
EIGHTH FLOOR
City
MIAMI
State
FL
Zip Code
33131

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-30-2007

11. 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.

MICHAEL KANOFF, VICE PRES.

SIGNATURE:

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

Date

Daytime Phone #

10/24/01 305-532-2266



FILED

01 NOV -5 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0178

CR2ED40 (8/01)