1 OF 2

CORPORATION [redacted]

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

P01000049445

FILED
01 FEB 12 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000049445

1. Corporation Name

ZEV ENTERPRISES INC.

2. Principal Office Address	3. Mailing Office Address
3620 CORAL TREE CIRCLE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT CREEK, FL	City & State: SAME
Zip: 33073 Country: BROWARD	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6/4/97

5. FEI Number: 65-0773825 ☐ 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: WILLIAM Z. BAK ~~N/A~~

Street Address (P.O. Box Number is Not Acceptable): 3620 CORAL TREE CIRCLE

Suite, Apt. #, Etc.:

200003743442--8
-02/20/01--01076-035
****450.00 ****450.00

City: COCONUT CREEK, FL 33073 State: FL Zip Code: 33073

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: _____ Date: 2/9/01
REGISTERED AGENT MUST SIGN

CR2E080 (9/98)

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
PRESIDENT DIRECTOR	WILLIAM Z. BAK	3620 CORAL TREE CIRCLE	COCONUT CREEK, FL 33073
			KE

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: _____ WILLIAM Z. BAK 2/9/01 954 970-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # FAX

2/9/2012

To: Department of State
Devision of Corporation
Reinstatement Section

Re: Zev Enterprises Inc.
3620 Coral Tree Circle
Coconut Creek, FL 33073
phone & FAX: 954-970-8333
EIN: 65-0773825

To Whom This May Concern:

My Company was dissolved by mistake
Due to the fact that the documents for the
annual Report & fee were mailed to the wrong
address.

I was informed today by the Reinstatement
Section to send this letter plus $450,00 for
3 years and the Reinstatement fee will be
Waived.

Thank you in advance for your immediate
attention to this matter as well as your immediate
Reinstatement of Zev Enterprises Inc.

CCRS of Tallahassee
Will represent me.

William Z. Bak