

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION**  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 23 AM 10:35

DOCUMENT # **P97000082620**

1. Corporation Name

**Z ENTERPRISES GROUP, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

**2201 NE 30TH CT.**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LIGHTHOUSE POINT, FL**

City & State

**SAME**

Zip

**33064**

Country

**USA**

Zip

**SAME**

Country

300010588633  
01/23/03--01024--001 \*\*450.00

**2001-2003 UBR**

4. Date Incorporated or Qualified To Do Business in Florida

**9-24-1997**

5. FEI Number

**650784262**

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

**MICHAEL ZAIDAN**

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

**2201 NE 30TH COURT**

Suite, Apt. #, Etc.

City

**LIGHTHOUSE POINT**

State

**FL**

Zip Code

**33064**

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

REGISTERED AGENT MUST SIGN

Date

**1-17-03**

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	MICHAEL ZAIDAN	2201 NE 30TH COURT	LIGHTHOUSE POINT, FL 33064

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-03**

Date

Daytime Phone #

**954 783 9770**

CR2E081 (10/02)

282

1-17-03

I, MICHAEL ZAIDAN, HAVE NOT RECEIVED  
THE UNIFORM BUSINESS REPORT FOR 2000, 2001,  
& 2002. IN SPEAKING WITH AN EXAMINER, I  
HAVE FILLED OUT A REINSTATEMENT FORM,  
ALONG WITH A CHECK IN THE AMOUNT OF  
\$450.00 AS INSTRUCTED. THANK YOU,

  
MICHAEL ZAIDAN