

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 16 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024797

**1. Corporation Name**

Zubi Holdings, Inc.

REINSTATEMENT 01-04

**2. Principal Office Address**  
355 Alhambra Circle

**3. Mailing Office Address**  
355 Alhambra Circle

Suite, Apt. #, etc.  
10th Floor

Suite, Apt. #, etc.  
10th Floor

City & State  
Coral Gables

City & State  
Coral Gables

Zip  
33134

Country  
USA

Zip  
33164

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 3/17/98

**5. FEI Number**  
65-0834268

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  
Michelle Zubizarreta

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

Suite, Apt. #, Etc.  
10th Floor

City  
Coral Gables

200030576822  
03/16/04 01098 014 \*\*150.00  
200030576822  
03/16/04--01098--015 \*\*1050.00

State Zip Code  
FL 33134

**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

*Michelle Zubizarreta*

Date 3/10/04

REGISTERED AGENT MUST SIGN

**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
PCD	Zubizarreta, Teresa A.	355 Alhambra Circle, 10th Floor	Coral Gables, Florida 33134
VTD	Zubizarreta, Michelle A.	355 Alhambra Circle, 10th Floor	Coral Gables, Florida 33134
VSD	Zubizarreta, Octavio J	355 Alhambra Circle, 10th Floor	Coral Gables, Florida 33134

**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:

*Michelle Zubizarreta*

3/10/04

305-428-6166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)