

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000069620

1. Entity Name
ZHILL ENTERPRISES, INC.



FILED

07 MAR -2 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1517 VISCAYA
CAPE CORAL, FL 33990

Mailing Address

1517 VISCAYA
CAPE CORAL, FL 33990

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 06-07
02132007 REIN-P CR2E098 (1/07)

4. FEI Number

65-0856158

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAH, MD NANN
1517 VISCAYA
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name JULIE BHIMJI.

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

626 SE 34th Ter.

City CAPE CORAL-

FL

Zip Code 33904.

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MD-Nann Mah

02.26.07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME *V. PRESIDENT.* ☐ Delete
NAME MIAH, MD. NANN
STREET ADDRESS 1126 SE 8TH STREET #101
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME *PRESIDENT.* ☐ Change ☒ Addition
NAME JULIE BHIMJI.
STREET ADDRESS 626 SE 34th Ter. CAPE CORAL.
CITY-ST-ZIP FL-33904.

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MD-Nann Mah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.26.07/239
458-0400

Date

Daytime Phone #