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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 88000078233 P98000078233			
1. Corporation Name ETI EXPORTS, INC.			
2. Principal Office Address 8240 NW 52 TERRACE Suite, Apt. #, etc. SUITE 106 City & State MIAMI, FL Zip 33166		3. Mailing Office Address 8240 NW 52 TERRACE Suite, Apt. #, etc. SUITE 106 City & State MIAMI, FL Zip 33166	
Country U.S.A.		Country U.S.A.	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 09/10/1998	
5. FEI Number 65-0864085	Applicable For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name ZAFAR MUSSAIN	
Street Address (P.O. Box Number is Not Acceptable) 8240 NW 52 TERRACE	
Suite, Apt. #, etc. SUITE 106	
City MIAMI	Zip Code FL 33166

8. I, being empowered by the registered agent of the above named corporation, am filing this and accept the obligations of section 607.0606 or 617.0606, F.S.	
Signature of Registered Agent	Date 4/21/04
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida has no corporations must list all officers & directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P&D	ASIF KHAN YUSUFZAI	8240 NW 52 TERR. # 106	MIAMI, FL 33166
V&D	ZAFAR MUSSAIN	8240 NW 52 TERR. # 106	MIAMI, FL 33166

10. I certify that I am an officer or director of the corporation or trustee empowered to file 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 name is of individual is listed on this form do not qualify for an exemption under section 607.0401, F.S. The information indicated on this application is true and accurate, and my signature when filed has the same legal effect as if ready under oath.	
SIGNATURE:	DATE: 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CORPORATION OR INDIVIDUAL	

H04000086636 3

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**Florida Department of State
Division of Corporations
Public Access System**

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ZTI EXPORTS, INC.

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