

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 18 AM 7:37

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087612

1. Corporation Name

ZARABANDA, INC.

REINSTATEMENT 01-07

2. Principal Office Address - No P.O. Box #

3165 Via Abitare

3. Mailing Office Address

3165 Via Abitare

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

Zip

33133

Country

Miami-Dade

Zip

33133

Country

Miami-Dade

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1998

5. FEI Number

650883423

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
David M. Alvarez

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

3165 Via Abitare

Suite, Apt. #, Etc.

#4

City

Coconut Grove

State

FL

Zip Code

33133

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Lydia Lott

David M. Alvarez

by Lydia Lott as atty in fact

Date **07/18/2007**

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
DPS	David M. Alvarez	3165 Via Abitare #4	Coconut Grove, FL 33133
DVT	Jose M. Alvarez	3165 Via Abitare #4	Coconut Grove, FL 33133

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07/24/07--01023--020 **1050.00

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 contained in Chapter 119, 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:

Lydia Lott

David M. Alvarez by Lydia Lott
as atty in fact

07/18/2007

561-694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

jc 7/19