

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 17 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000002267

1. Corporation Name

ZEINA, INC.

1225 45TH ST.

2. Principal Office Address

1225 45TH ST.

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 305

Suite, Apt. #, etc.

SUITE 305

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

Zip

33407

Country

Zip

33407

Country

4. Date Incorporated or Qualified

To Do Business in Florida 01/07/1999

5. FEI Number

65-0959165

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

CHAHINE, JAMAL

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

1225 45TH STREET

Suite, Apt. #, Etc.

305

City

WEST PALM BEACH

State

FL

Zip Code

33407

100043482891
12/17/04--01006--022 **600.00

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

[Signature]

Date 10/17/2004

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
D	CHAHINE JAMAL	1225 45TH ST. STE 305	WEST PALM BEACH, FL33407

500042242199
10/27/04--01039--007 **150.00

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/2004

Date

561-872-1131

Daytime Phone #

CR2E081 (01/04)