## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P990000 2 1 9 1 9 1. Cooperation Name  ZAM INTERNATIONAL CORP  2. Protopal Office Address 3.383 NW 7TH STREET  SAME  Suite, Ast, 4; etc.  3. Mailing Office Address 3. FEI Number  South April 999  4. Date Incorporated or Citablified  South April 999  5. FEI Number  5. FEI Number  6. SHERNING  7. Name and Address of Current Registrated Apport  Name  CARLOS ZAMORA JR  Street Address of 10-10-10 too Number is Not Acceptable to 3333 NW 7TH STREET  Suite. April 90  Signature of 10-10-10 too Number is Not Acceptable to 3333 NW 7TH STREET  Suite April 90  Advantage appointment for registrated appoint in the form of corporation, and familiar with and accept the collegations of section 607/2005 or 617/2005, F.S.  Signature of Collisions System Collisions  Poster Address of Size	CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								FILED  OLAPRIS AM 8:50  OLAPRIS AM STATE					
Suries, Apt. #, etc. 304	1. Corporation Name ZAM INTERNATIONAL CORP									NETAR AHASS	EE. FLÖP	ADI		
Suite, Apt. #, etc.  304				į	I	3. Mailing Office Address SAME				EINSTATEMENT 17-04				
City & State   MIAMI, FL.   Size   Country   Size   MIAMI, FL.   Size   MIAMI, FL.   Size   MIAMI, FL.   MI	·				Suite, Apt. #				4. Date Incorporated or Qualified					
Country   USA   Zip   Country   Country   Secretary to be severed to execute this application are provided for in chapter 607 or 617, P.S. I further certify that I amp and Rote for or directors, the severed for the provincing this general darges of country   Satisfies   City / State / Zip Code   City /	* · · · · · · · · · · · · · · · · · · ·			City & State	City & State			5. FEI Number Applied For						
Name CARLOS ZAMORA JR  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Mumber is Not Acceptable)  South, Apr. #, Etc.  City MIAMI  8. 1, being appointer the registered agen of the provide named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  Politics and Street Addresses, of Each Officer Andror Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and for Directors  Officer and/or Director  Officer					Zip	Zip Country			6. S8.75 Additional Fee required					
CARLOS ZAMORA JR  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suita, Apt. #, Etc. 304  8. I, being appointed the registered agent of inexplowe numed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers applied Directors  Officer applied Directors  Officer and/or Director  Officer and/or Director  Officer and/or Director  MIAMI, FL. 33125  10. Locally, that Lamp Another or director by the solve of trustee empowered to execute this application as provided for in chapter 507 or 617, F.S. I further certify that when filling this rejectation they are applied for the program of provided for in chapter 507 or 617, F.S. I further certify that Lamp Another or director by the solve of trustee empowered to execute this application as provided for in chapter 507 or 617, F.S. I further certify that when filling this rejectation that the reasonable dissolution has been eliminated the comparate name satisfies the requirements of section 607 001 CF.S. that all fees	7. Name and Address of Current Registered Agent													
3383 NW 7TH STREET  Suite, Apt. #, Elc. 304  City MIAMI  8. I, being appointed the registered agen of the devive named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers guide Directors  City / State / Zip  City / State / Zip  P CARLOS ZAMORA JR		CARLOS ZAMORA JR								600033093786 0471940401068013 ***308 00				
304 City MIAMI  8. i, being appointed the registered agent of the bove named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  Signature of Registered Agent  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officer and/or Directors  Officer and/or Director  P  CARLOS-ZAMORA-JR  3383 NW.7TH STREET SUITE #304  MIAMI, FL. 33125  10. Locatify that Lampan officer or director to the softward of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this registatement application the reasonable fissellation has been eliminated the comprate name satisfies the requirements of section 607 (Mot) or 617 (Mot) or 6		Street Address (P.O. Box Number is Not Acceptable) 3383 NW 7TH STREET									<u></u> .	NAME -		
8. I, being appointed the registered agent of the clave named corporation, am familiar with and accept the obligations of section 607.0503 r. S.  Signature of Registered Agent  Pagistered Agent  Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officer and/or Director  City / State / Zip  P  CARLOS ZAMORA JR - 3383 NW.7TH STREET SUITE # 304  MIAMI, FL. 33125  10.1 contrib that I am a difficer or director on the solver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this registatement application, the reason of filling and files of 187, 187, 187, 187, 187, 187, 187, 187,	ı	Suite, Apt. #, Etc. 304										<b>x</b> ,.		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles		City MIAMI			40							d. 9	-	
Titles Name of Officers and/or Directors Officer and/or Director Officer and/o	Signature of Registered Agent Date													
P CARLOS-ZAMORA-JR - 3383 NW.7TH STREET SUITE #304 MIAMI, FL. 33125  10. I certify that I am an officer or director of the postiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reasonable dissolution has been eliminated the corporate name satisfies the requirements of section 607 0401 or 617,0401, F.S., that all fees	9. Names	and Street A	ddresses o	LEach Officer	and/or Director (F	lorida nonp	rofit corporation	s must list at l	east 3 directors)					
10. I certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reasonable dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617,0401. F.S., that all fees	Titles	Name of Officers and or Directors			ors	Street Address of Eac Officer and/or Directo								
10. I certify that I am an officer or director of the positiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason of t	Р	CARLOS	S·ZAMC	RA-JR		3383 NW.7TH STREET SI			JITE_#_3 <u>04</u>	E # 304 MIAMI, FL. 33125			<del>-</del> -	
10. I certify that I am an officer or director of the positiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason of the response of the positive has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617,0401. F.S. that all fees									·					
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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					//			,		1				
SIGNATURE: 04/01/2004  SIGNATURE/AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #														

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Thursday, April 1st, 2004

**DEPARTMENT OF STATE DIVISION OF CORPORATIONS 409 EAST GAINES ST.** TALLAHASSEE, FL. 32399

**REF:. ZAM INTERNATIONAL CORP** P99000021919

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I, ZAM INTERNATIONAL CORP., HAVENT BEEN ABLE, TO MAIL YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVE YOUR FORM TO EXECUTE IT.

I DO APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR THE MAIL.

RESPECTFULLY YOURS,

ZAMINTERNATIONAL CORP.

CARLOS ZAMORA