

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR 19 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000021919

**1. Corporation Name**

ZAM INTERNATIONAL CORP

**2. Principal Office Address**

3383 NW 7TH STREET

Suite, Apt. #, etc.

304

City & State

MIAMI, FL.

Zip

33125

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified**

To Do Business in Florida 03/09/1999

**5. FEI Number**

65-0900533

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

CARLOS ZAMORA JR

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

3383 NW 7TH STREET

Suite, Apt. #, Etc.

304

City

MIAMI

State

FL

Zip Code

33125

**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

Date 04/01/2004

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
P	CARLOS ZAMORA JR	3383 NW 7TH STREET SUITE # 304	MIAMI, FL. 33125

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2004

Date

Daytime Phone #

CR2E081 (01/04)

PS 292

Thursday, April 1<sup>st</sup>, 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,

A handwritten signature in black ink, appearing to read 'Zamora', is written over a horizontal line.

ZAM INTERNATIONAL CORP.  
CARLOS ZAMORA