

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 AUG -8 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000065296

1. Corporation Name

Z & P ENTERPRISES CORPORATION

2. Principal Office Address

1802 N. UNIVERSITY DR

Suite, Apt. #, etc.

100A

City & State

FT. LAUDERDALE, FL

Zip

33322

Country

USA

3. Mailing Office Address

15751 SHERIDAN STREET

Suite, Apt. #, etc.

PMB 110

City & State

FT. LAUDERDALE, FL

Zip

33331

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1999

5. FEI Number

☒ 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

CAROLY PEDERSEN, ESQ.

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

1802 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

100A

City

FT. LAUDERDALE

State  
**FL**

Zip Code  
**33322**

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 **08/05/2003**

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
PRES	MICHAEL X. ZHANG	16308 N.W. 18TH STREET	PEMBROKE PINES, FL 33028
V-P	CAROLY PEDERSEN	16308 N.W. 18TH STREET	PEMBROKE PINES, FL 33028

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:

CAROLY PEDERSEN

08/05/2003 954-382-5378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

218/11