

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 15 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000078892

1. Corporation Name

Zipex Corp.

2. Principal Office Address

8401 N.W. 17th Street
Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33126

Country

USA

3. Mailing Office Address

2958 Medinah
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL.

Zip

33326

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/02/99

5. FEI Number

65-1048257

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Joseph F. Costigan

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

2958 Medinah

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33326

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]

REGISTERED AGENT MUST SIGN

Date 1/25/02

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/D	Joseph F. Costigan	2958 Medinah	Ft. Lauderdale, FL 33326

000004881550-0

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
Joseph F. Costigan, President

01/25/02

Date

(516) 627-8200

Daytime Phone #

CR2E031 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 319111 4725154

AUTHORIZATION

Patricia Piquero

COST LIMIT : \$ 1050.00

ORDER DATE : February 4, 2002

ORDER TIME : 11:47 AM

ORDER NO. : 319111-005

CUSTOMER NO: 4725154

CUSTOMER: Howard Mann, Esq
Howard Mann, Esquire
Suite 13
10 Esquire Road
New City, NY 10956

DOMESTIC FILINGS

NAME: ZIPEX CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS

RECEIVED
02 FEB -5 PM 1:59
DIVISION OF CORPORATION