APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 25 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # S38518

Zalama Investments, Inc.
101 Ocean Drive, Unit 4017
Key Biscayne, FL 33149

2. If Address is Blocked In Incorrect In Any Way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

REINSTATEMENT 92-97 mw8

3. Date Incorporated or Qualified To Do Business in Florida: 3/18/91

4. FEI Number

X FEI Number Applied For
FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
DP	SUAREZ, JAIME A.	354 Sevilla Avenue	Coral Gables, FL 33134

100005 15 2014--2
-04/29/97--01047--015
***1575.00 ***1575.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Martinez, Osmundo O.
2100 Ponce de Leon Blvd.
Suite 1100
Coral Gabes, FL 33134

8. Name and Address of New Registered Agent and/or Office

Name: Lisette Pie Salazar, Esq.

Street Address (Do NOT Use P.O. Box Number): Roberts & Salazar, L.L.P.

Street Address (Do NOT Use P.O. Box Number): 50 West Mashta Drive, Suite 2

City and State: Key Biscayne FL Zip: 33149

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Lisette Pie Salazar REGISTERED AGENT MUST SIGN

Date: 4/24, 1997

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director:

Date: 4/24/97

Daytime Phone #: (305) 448-5555

JAIME A. SUAREZ
Typed or printed name of signing officer or director