

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V31785

1. Corporation Name

ZPO INC.

2. Principal Office Address

4779 COLLINS AVENUE

3. Mailing Office Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE #401

Suite, Apt. #, etc.

SUITE #3000

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33140

Country

Zip

33131

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/92

5. FEI Number

650329057

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

INTRASTATE REGISTERED AGENT CORPORATION

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

701 BRICKELL AVENUE, SUITE #3000

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

Signature of

Registered Agent

STEVEN H. HAGEN

Date

1/7/04

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	ATHAYDE, MUCIO	4779 COLLINS AVENUE SUITE #401	MIAMI BEACH, FL 33140

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)(f), 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

12-7-03

Date

(312) 789-9711

Daytime Phone #

REINSTATEMENT 03-04

CR2E081 (10/02)