

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 APR 26 AM 9:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94 000021906**
 Corporation Name **ZKF INC.**

Principal Place of Business **11401 PINES BLVD R930
 PENSACOLA PINES, FL 33026**
 Mailing Address **3040 NE 208 ST.
 AVENTURA, FL 33180**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3040 NE 208 ST.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State AVENTURA, FL	City & State	5. FEI Number 65-0492587
Zip 33180	Country DADE	Country
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	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 / State / Zip
P	ZOHAR ROSSIAN	3040 NE 208 ST.	AVENTURA, FL 33180

8. Name and Address of Current Registered Agent ZOHAR ROSSIAN 3040 NE 208 ST. AVENTURA, FL 33180	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. 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 Date _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Date **04/24/02** Daytime Phone # **(454) 294-3968**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E04C (1/98)