

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

97 JAN 15 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000004495

1. Corporation Name

BZLY, INC.

POOR ORIGINAL

Principal Place of Business

Mailing Address

45 SE 19th Ter  
Dania, FL 33004

**REINSTATEMENT** 90-97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3819 7th Avenue

3. New Mailing Address, if Applicable

112 East Street

4. Date Incorporated or Qualified  
To Do Business in Florida

1/18/95

Suite, Apt. #, etc.

Suite B

5. FEI Number

Applied For

Not Applicable

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33619

Country

Hillsboro

Zip

33602

Country

Hillsboro

CERTIFICATE OF STATUS DEBARED

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
D	William Beasley	C/O 112 East St, #B	Tampa, FL 33602

100002061281  
01/17/97 01013 012  
\*\*\*\*915.00 \*\*\*\*915.00

UBI-15-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
Mark R. Dolan  
Street Address (P.O. Box Number is Not Acceptable)  
112 East Street,  
Suite, Apt. #, Etc.  
Suite B  
City  
Tampa  
State  
FL  
Zip Code  
33602

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0805, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1/10/97

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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the register or trustee empowered to execute this application as provided for in chapter 607 of title 17, 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 607.0401, 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:

*[Signature]* William M. Beasley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

954-964-6453

Date

Division Phone #