

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 NOV 24 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069889

1. Corporation Name
ZEBRA STRIPES, INC.

Principal Place of Business: 915 N.W. 7TH STREET DANIA FL 33004
Mailing Address: 915 N.W. 7TH STREET DANIA FL 33004



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/20/1996	
City & State		City & State		5. FEI Number	
Zip		Country		59-3397642	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	Daniel D. Healy	915 NW 7th St	Dania Fl 33004
g/v/t	Joseph L. Healy	915 N W 7th St	Dania Fl 33004
			900002361329-3 -12/02/97--01092--003 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEALY, STEVEN M
3907 VENICE DRIVE
ORLANDO FL 32806

Name: Joseph L Healy
Street Address (P.O. Box Number is Not Acceptable): 915 N W 7th St
Suite, Apt. #, Etc.:
City: Dania State: FL Zip Code: 33004

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: Joseph L Healy Date: 11/17/97
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 recolver 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: Joseph L Healy Date: 11/17/97 Daytime Phone #: 954 527 0602

CREFORM (8/97)