


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F66862**

1. Corporation Name

**THE LOADING ZONE, INC.**

Principal Place of Business

Mailing Address

6990 SEMINOLE BLVD  
 SEMINOLE FL 33772

6990 SEMINOLE BLVD  
 SEMINOLE FL 33772



REINSTATEMENT 03

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

Suite, Apt. #, etc.

**1850 CENTRAL AVE**

**ST. PETERSBURG, FL**

Zip **33712** Country **USA**

Suite, Apt. #, etc.

**1850 CENTRAL AVE**

**ST. PETERSBURG, FL**

Zip **33712** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

**02/11/1982**

5. FEI Number

**59-2268703**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
PSTD	MLOTKOWSKI, EDDIE M	6633 MANGO AVE. SO.	ST. PETERSBURG FL 33707

900025905049  
 12/31/03 01068-012 \*\*183.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MLOTKOWSKI, EDDIE M  
 6633 MANGO AVENUE SO.  
 ST PETERSBURG FL 33707

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date

**12/19/03**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
**EDDIE MLOTKOWSKI**

Date

**12/19/03**

Daytime Phone #

**727 896 9872**

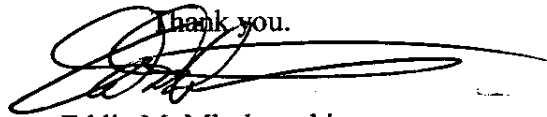
CR2E040 (7/03)

To: Florida Department of State  
From: The Loading Zone, Inc.  
1850 Central Avenue  
St. Petersburg, FL 33712  
December 30, 2003

To Whom It May Concern:

I received no prior notices to this.

Thank you.



Eddie M. Mlotkowski

\* Note change of address