PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 07 OCT -5 PM 1:53 720451 DOCUMENT # CHEMILIANI DE STATE TALLAHASSEE, FLORIDA 1. Corporation Name 400110348794 10/05/07--01028--008 09/09/05 90034 015 Principal Office Addre INCTATEMENT Mailing Office Address P.O. BOX CR2E081 (1/07) Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida MArch 5. FEI Number Applied For Not Applicable Country Čountry 6. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED USA USA-7. Name and Address of Current Registered Agent Name The reinstatement fee is imposed, except in BoyKin circumstances which the entity did not receive Street Address (P.C the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. City State Zip Code 2703 FL 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. 4-19-01 Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip DOE CAR PLACE 2808 WIER ORI 703 110 inn 10. | 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 contained in Chapter 119, 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. 09-19-01 4014840882 SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZAPT MEMBERS RECOMMITMENT

With God's help and divine guidance, we sisters of ZAPT recommit ourselves to our mission of emergency assistance, community services and educational opportunities for youth, adults and seniors residing in the Northwest Orange County Communities of Zellwood, Apopka, Plymouth and Tangerine.

Officers

Vince Gray - President Mary H. Boykin - Recording Secretary Bernice Wynn - Treasurer Mary Frances Bridges - Recording Secretary Mary R. Baker - Vice President Daisy Willis - Assistant Secretary Shirley Sharpe-Terrell - Chaplain

Members

Ruth Helen Heard Rose Morris Dixie L. Fair Clara M. Jones Betty Hayes Areta McKenzie Margaret A. Head Barbara Boykin Shirley McCarthy Ruby Johnson Monique Morris Vivian Owens Gloria Davis Ella J. Gilmore Jackie Martin Lil Rigsby Dorisie Cockfield Nina Thomas

