

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 29 AM 9:36

CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 720451

1. Corporation Name

Z. A. P. T., Inc.

300136619023  
10/03/08--01053--014 \*\*61.25

2. Principal Office Address - No P.O. Box #

927 S. Central Ave.

Suite, Apt. #, etc.

City & State

Apopka, Florida

Zip

32703

Country

USA

3. Mailing Office Address

P.O. Box 2511

Suite, Apt. #, etc.

City & State

Apopka, Florida

Zip

32704

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1971

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mary H. Boykin

Street Address (P.O. Box Number is Not Acceptable)

1257 S. Central Ave.

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

Signature of Registered Agent

Mary H. Boykin

REGISTERED AGENT MUST SIGN

Date 9-25-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
(President)	Vince Gray	557 Doe Cove Place	Apopka, FL 32703
(V.P.)	Mary R. Baker	2918 Western Willow	Orlando, FL 32808
(Recording Secretary)	Mary H. Boykin	1257 S. Central Ave.	Apopka, FL 32703
(Assistant Secretary)	Daisy B. Willis	223 W. 10th St.	Apopka, FL 32703
(Treasurer)	Bernice Wynn	110 E. 15th Street	Apopka, FL 32703
(Financial Secretary)	M. Frances Bridges	(Apopka, FL)	Deceased 9/08

10. 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 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.

SIGNATURE: Mary H. Boykin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-08

Date

(407) 886-3386

Daytime Phone #