PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 7
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ZITA_INC

Mailing Address

1122 N ASTOR

MILWAUKEE WI 53202

Principal Place of Business

1122 N ASTOR

%MARGARET T. LUND MILWAUKEE WI 53202

US

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

 Ċ		
	ı	
	ı	
	ľ	
	1	



800009464288 12/11/02--01027--002 **150.00

3. New Mailing Office Address, If Applicable 660 E. Mason Street 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Mill waukee, WI City & State -----Zip 53202 Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers

Date Incorporated or Qualified To Do Business in Florida 11/03/1947 5. FEI Number Applied For 39-0729030

FILED

n2 DFC | | AM 10: | 2

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS DESIRED

Not Applicable \$8.75 Additional Fee required for a Certificate of Status

Street Address of Each City / State / Zip Title(s) Officer and/or Director and/or Directors 1122 N ASTOR STREET MILWAUKEE WI 53202 MEYST, KARLA K MILWAUKEE WI 53202 660 E MASON STREET LUND, MARGARET -TSD-PD. 660 E MASON ST. MILWAUKEE WI 53202-PD-PETTIT, JANE BRADLEY MILWAUKEE WI 53202 CROAK, FRANCIS R 660 E MASON ST D ·TD SCHLICHT, JANE C. 660 E Mason Street Milwaukee, WI 53202

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBBINS, LUCILLE 3451 COUNTY BARN RD. APT. G 204

NAPLES FL 33962

CARBONE, LEE

Street Address (P.O. Box Number is Not Acceptable) -2130 BUCK-INGHAM LANE

Suite, Apt. #, Etc.

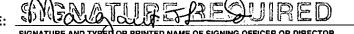
SYXPLES

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

Date 11-30-02

11.1 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 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.



10/30/02

(414)227-1205

Daytime Phone #

CR2E040



Margaret T. Lund
Direct: (414) 227-1205
Email: mtlund@cf-law.com

TIT MERITAS LAW FIRMS WORLDWIDE

Please reply to Milwaukee office

October 29, 2002

Department of State _____ Division of Cororation PO Box 6327 Tallahassee FL 32314-6327

Re: Zita, Inc.

I am in receipt of your Notice of Administrative Dissolution or Revocation of the above corporation.

This is the first notice received by my office. As we did not receive the first and second uniform business report notices due to an error in the mailing address indicated on the notice, no penalty has been included with the \$150.00 fee enclosed with the completed and signed Application.

If you have any questions, please call me at the telephone number indicated at the top of this letter.

Very truly yours,

Margaret 🎔 Lund

Enclosures #269249:10274