

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807470

1. Corporation Name

ZITA, INC

Principal Place of Business

1122 N ASTOR
MILWAUKEE WI 53202

Mailing Address

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
660 E. Mason Street

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1947

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

39-0729030

Applied For

Not Applicable

City & State

City & State
Milwaukee, WI

Zip

Country

Zip

53202

Country

U.S.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	MEYST, KARLA K	1122 N ASTOR STREET	MILWAUKEE WI 53202
TSB PD	LUND, MARGARET	660 E MASON STREET	MILWAUKEE WI 53202
PD	PETTIT, JANE BRADLEY	660 E MASON ST.	MILWAUKEE WI 53202
D	CROAK, FRANCIS R	660 E MASON ST	MILWAUKEE WI 53202
TD	SCHLICHT, JANE C.	660 E Mason Street	Milwaukee, WI 53202

8. Name and Address of Current Registered Agent

ROBBINS, LUCILLE
3451 COUNTY BARN RD.
APT. G 204
NAPLES FL 33962

9. Name and Address of New Registered Agent

Name CARBONE, LEE
Street Address (P.O. Box Number is Not Acceptable)
2130 BUCKINGHAM LANE
Suite, Apt. #, Etc.
City NAPLES State FL Zip Code 34112

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 of Lee Carbone
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-30-02

11. 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 under section 119.07(3)(l), 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 of Lee Carbone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

(414) 227-1205

Date

Daytime Phone #

CR2E040 (8/02)



COOK & FRANKES.C.

ATTORNEYS AT LAW

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

 MERITAS LAW FIRMS WORLDWIDE

Please reply to Milwaukee office

October 29, 2002

Department of State
Division of Corporation
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 T. Lund

Enclosures
#269249:10274

OF COUNSEL LAW SERVE, LLC

660 East Mason Street • Milwaukee, WI 53202-3877 • Phone: (414) 271-5900 • Fax: (414) 271-2002

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