


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 30 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000006683 1. Entity Name ZDIRECT.BIZ, INC.	
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Principal Place of Business 1920 E. HALLANDALE BEACH BLVD PH-1 HALLANDALE, FL 33009	Mailing Address 2650 HAZY HOLLOW RUN ROSWELL, GA 30076
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



10232007 REIN-P CR2E098 (1/07)

4. FEI Number 35-2184981	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMAS, HAYES 1920 E. HALLANDALE BEACH BLVD SUITE PH-1 HALLANDALE BEACH, FL 33009	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Hayes Thomas* DATE: 10-23-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> PCEO THOMAS, HAYES 1920 E. HALLANDALE BCH BLVD PH1 HALLANDALE BEACH, FL 33009 </td> <td style="width: 10%; text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> VP/D WIEDER, ISSAC 1920 E. HALLENDALE BCH BLVD PH1 HALLANDALE BEACH, FL 33009 </td> <td style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> D WIEDER, HERB 1920 E. HALLANDALE BCH BLVD PH1 HALLANDALE BEACH, FL 33009 </td> <td style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> D THOMAS, ROWLAND 2102 CROMLEY CIR SUITE C MYRTLE BEACH, SC 29577 </td> <td style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Delete </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO THOMAS, HAYES 1920 E. HALLANDALE BCH BLVD PH1 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WIEDER, ISSAC 1920 E. HALLENDALE BCH BLVD PH1 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEDER, HERB 1920 E. HALLANDALE BCH BLVD PH1 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ROWLAND 2102 CROMLEY CIR SUITE C MYRTLE BEACH, SC 29577	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 000111465780 10/30/07--01006--004 **150.00 </td> <td style="width: 10%;"></td> </tr> <tr> <td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000111465780 10/30/07--01006--004 **150.00		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hayes Thomas* DATE: 10-23-07 DAYTIME PHONE #: 770-649-4854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/07