


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000000879

1. Corporation Name

ZCS, INC.

Principal Place of Business

Mailing Address

% COLE, SCHOTZ ETAL
25 MAIN STREET
HACKENSACK NJ 07602

% COLE, SCHOTZ ETAL
25 MAIN STREET
HACKENSACK NJ 07602

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2939908

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STERN, STANLEY	25 MAIN STREET	HACKENSACK NJ 07602
VP	SCHOTZ, EDWARD	25 MAIN STREET	HACKENSACK NJ 07602
VS	FORMAN, MICHAEL	25 MAIN STREET	HACKENSACK NJ 07602
			800004669448--7 -11/06/01--01076--014 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BODIFORD, LARRY A
620 MCKENZIE AVE
PANAMA CITY FL 32401

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-26-01

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)(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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/01 201-489-3000

FILED

01 NOV -2 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (8/01)