

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000002717

1. Corporation Name

ZEKKO CORP.

Principal Place of Business

170 HWY A1A 6000-A  
PONTE VEDRA BEACH FL 32082  
6000-A Sawgrass Village Cir.

Mailing Address

170 HWY A1A 6000-A  
PONTE VEDRA BEACH FL 32082  
6000-A Sawgrass Village Circle

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

2. New Principal Office Address, If Applicable

Zekko Corp.  
Suite, Apt. #, etc.  
6000-A Sawgrass Village  
City & State  
Ponte Vedra Beach Fla  
Zip  
32082 Country  
USA

3. New Mailing Office Address, If Applicable

Zekko Corp.  
Suite, Apt. #, etc.  
6000-A Sawgrass Village  
City & State  
Ponte Vedra Beach Fla  
Zip  
32082 Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida

05/13/1998

5. FEI Number

84-1429910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 And nominal 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Board Chairman	John Kehoe	9750 Goethe Road	Sacramento CA 95827
Director	Robert Pepper	9750 Goethe Road	Sacramento CA 95827
President	Michael Wodopian	9750 Goethe Road	Sacramento CA 95827

400003070724--0  
-12/15/99--01013--035  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name  
- No Change -  
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

X Laura R. Dyer

REGISTERED AGENT MUST SIGN

Date 11/22/99

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:

John Kehoe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John Kehoe, Chairman of Board

10/15/99  
Date

904-285-4100  
Daytime Phone #

FILED

99 NOV 29 PM 5:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 1999

CR2504 (8/99)