PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVEL FLORIDA DEPARTMENT OF STATE APPLICATION **Katherine Harris** .~ FOR Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 01 JAN -3 PH 3: 10 F98000002717 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ZEKKO CORP. Principal Place of Business Mailing Address 6000-A-SAWGRASS-VILLAGE 6000-A-GAWGRAGG VILLAGE PONTE-VEDRA-BEACH-FL-98082 PONTE VEDRA BEACH FL 3208; 2320 S. Third St., Suite 2 Tacksowille Beach, Fla. 32250 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 Date Incorporated or Qualified To Do Business in Florida 2320 5 2320 S. Third 05/13/1998 Suite, Apt. #, etc. Suite, Apt. #, etc.. Suite 5. FEI Number Suite Applied For City & State City & State 84-1429910 Not Applicable Jacksonville 6. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 32250 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip C KEHOE, JOHN L. 9750 GOETHE ROAD SACRAMENTO CA 95827 Sulte 6 Robert E. Mon's D Ponte-Vedra FL 32082 4400 Marsh Landing Blud WODOPIAN, MICHAEL 9750 GOETHE ROAD SACRAMENTO CA 95827 800003582768--01/26/01--01155--011 ****758.75 ****75**8.7**66 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Suite, Apt. #, Etc. City 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. 5QUIDeborah D. Skipper Signature of Registered Agent REGISTERED AGENT MUST SIGN as its agent 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.

904-280-1450