

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN -2 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G20809**

1. Corporation Name

**Z & P ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

10063 CLEARY BOULEVARD  
~~10601 NW 14TH ST., #201~~  
PLANTATION FL 33324  
US

10063 CLEARY BOULEVARD  
~~10601 NW 14TH ST., #201~~  
PLANTATION FL 33324  
US

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



**REINSTATEMENT**

*Re*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2255251

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<del>POT</del> VPDS	PRICE, JOSEPH	10063 CLEARY BOULEVARD	PLANTATION FL 33324
<del>VPDS</del> POT	PRICE, CARYN	10063 CLEARY BOULEVARD	PLANTATION FL 33324
<del>VPD</del>	<del>ZURBINSKY, CLECELIA</del>	<del>10063 CLEARY BOULEVARD</del>	<del>PLANTATION FL</del>
VP	Price, Michael	10063 Cleary Blvd	Plantation, FL 33324
			500002051426--5 -01/08/97--01116--024 ****375.00 ****375.00 JBL-0-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRICE, JOSEPH  
10063 CLEARY BOULEVARD  
PLANTATION FL 33324

Name

Caryn Price

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

10063 Cleary Blvd

Suite, Apt. #, Etc.

City

Plantation FL

State

FL

Zip Code

33324

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

*Caryn Price*

REGISTERED AGENT MUST SIGN

Date

12/26/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Caryn Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/96

Daytime Phone #

CR2EM40 (7/96)