


# 2004 FOR-PROFIT CORPORATION REINSTATEMENT

|   |  |   |
|---|--|---|
| <b>DOCUMENT # H49827</b>  |  |  |
| 1. Entity Name<br><b>STEVE ZION FINANCIAL ADVISORY SERVICES, INC.</b> |  |   |

FILED  
04 OCT 25 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br><b>9600 W. SAMPLE RD<br/>#506<br/>CORAL SPRINGS, FL 33065</b> | Mailing Address<br><b>9600 W. SAMPLE RD<br/>#506<br/>CORAL SPRINGS, FL 33065</b> |
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|   |   |
|---|---|
| 2. Principal Place of Business<br><b>9600 W. SAMPLE RD.</b> | 3. Mailing Address<br><b>9600 W. SAMPLE RD.</b> |
| Suite, Apt. #, etc.<br><b>#507</b>                          | Suite, Apt. #, etc.<br><b>#507</b>              |

10212004 REIN-P CR2E098 (6/04)

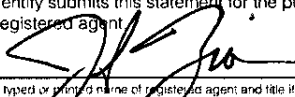
|  |  |
|--|--|
| City & State<br><b>CORAL SPRINGS, FL</b> | City & State<br><b>CORAL SPRINGS, FL</b> |
| Zip<br><b>33065</b>                      | Zip<br><b>33065</b>                      |
| Country<br><b>BROWARD</b>                | Country<br><b>BROWARD</b>                |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2505446</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>ZION, JOSEPH STEVEN<br/>4509 HAZLETON LN<br/>LAKE WORTH, FL 33467</b> |  |
|---|--|

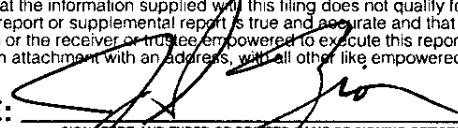
|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | Zip Code |

|   |                      |
|---|----------------------|
| 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   | DATE <b>10/21/04</b> |

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|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After January 1, 2005, Fee will be \$300.00</b> | 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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST<br/>ZION, JOSEPH STEVEN<br/>4509 HAZLETON LN<br/>LAKE WORTH, FL 33467</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ZION, JOSEPH STEVEN<br/>4509 HAZLETON LN<br/>LAKE WORTH, FL 33467</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>100042161551<br/>10/25/04--01074--013 **150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

|   |                                     |
|---|-------------------------------------|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:   | DATE <b>10/21/04</b> (454) 753-9331 |