

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
[Signature] 10/2

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DOCUMENT # *K68840*

1. Corporation Name
ZSB Corporation 1996-1997 Annual Report

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
*500 W Cypress Creek Rd
Ft. Lauderdale, FL Suite 500*

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

2. New Principal Office Address, If Applicable <i>837 NE 17 Terrace Apt 6</i> Suite, Apt. #, etc. <i>Apt #6</i>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>2/27/89</i>	
City & State <i>FT. LAUDERDALE, FL</i>		City & State		5. FEI Number <i>59-2930398</i>	
Zip <i>33304</i>	Country <i>BROWARD</i>	Zip	Country	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>Pres</i>	<i>Leonard Zatoris</i>	<i>837 NE 17 Terr #6 FT. LAUDERDALE, FL 33304</i>	<i>FT. LAUDERDALE, FL 33304</i>
<i>SECT</i>	<i>JAMES BELL</i>	<i>SAME</i>	<i>SAME</i>
<i>TREAS</i>	<i>ANTHONY SERFUSTINI</i>	<i>SAME</i>	<i>SAME</i>
<i>Vice Pres</i>			

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****365.00 ****365.00
A. Alan
4-11-97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<i>EMO c/o Gerald W. Gatter Esquire 100 NE 3rd Ave Suite 1100 Ft. Lauderdale, FL 33302</i>		Name <i>Leonard Zatoris</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>837 NE 17 Terrace</i>	
		Suite, Apt. #, Etc. <i>APT #6</i>	
		City <i>FT. LAUDERDALE</i>	State FL
		Zip Code <i>33304</i>	

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]
REGISTERED AGENT MUST SIGN

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****8.75 ****8.75*

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:

[Signature] *Leonard Zatoris* *4/10/97* *(954) 463-7138*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)