PLEASE READ ALL INST	RUCTIONS BEFORE C	OMPLETING THIS FORM,
	DEPARTMENT OF STATE	] AMEROVED
FOR	Sandra B. Mortham	MARCA INS
	Secretary of State	1.012
REINSTATEMENT	/ISION OF CORPORATIONS	97 APR 11 AM 8: 25
DOCUMENT # Kloggy		7 AFK 11 AM 8:25
1. Corporation Name	100 - 1	SECRETARY OF STATE
ZSB CORPORATION 19	96-1997 Annu	l Report TALLAHASSEE, FLORIDA
23 B Conf.	· + · · · · / / / / / /////////////////	
Principal Place of Business Mailing Address		
Principal Frace of Business maining Address		
500 W Cypness Cheek Rd Ft. Landerdale F1 SUITE 500		
FT. LAUderdale F1 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  3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified
837 NE 17 Terrine HOT6		To Do Business in Florida 2/27/86
Suite, Apt. #, etc.		5. FEI Number Applied For
City & State City & State		59-2930398 Not Applicable
TT. LAU CLERCALE FI	Country	CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required
33304   ISROWARD		CERTIFICATE OF STATUS DESIRED
7. Names and Street Addresses of Each Officer and/or Director (Flor	ida nonprofit corporations must list at lea Street Address of Each	
Title(s) Name of Officers and/or Directors	Officer and/or Director  3 (Do NOT Use Post Office Box N	r City / State / Zip
	837 NE 17 Ter #	F6
Pres Leonard ZATORIS	FT LANderdale FI	33304 FT. Lauderdale, F1 33304
Sect	· ·	
TREAS JAMES Bell	SAMe	Sane
Dice of a		
Paus Hathmy Jertustini SAMe SAME		Same
6000021433762		
		****365,08 ****365,80
		1 (14)
		g.uw
		4-11-91
8. Name and Address of Current Registered Age	nt	9. Name and Address of New Registered Agent
Name / /		
EMO ACTORIS  Street Address (P.O. Box Number is Not Acceptable)		
C/6 G CLAR W. GRITTER CSOURTE 837 NE 17 TERRACE		
100 NE 3rd Ave Suite 1100 Suite, Apr. #, Etc. Apr. #6		
City State Zip Code		
10. I, being appointed the registered agent of the above gamed/corpor	ration, and familiar with and accept the o	4 vdee 04/e   FL 33304
Signature of	1	
REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN		
######################################		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No		
Dept. of Neveride dilder 6. 155.002, Florida Statutes. 165.24 110		
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 filling		
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 light of the corporation have been paid and the names of individuals light on the specific parties and application of the specific parties and application in the specific parties and applications the specific parties and provided and the name of individuals light on the specific parties and provided and the name of individuals light on the specific parties and provided and the name of individuals light on the specific parties and parties and parties and parties and parties are specifically as it made under out the specific parties and parties are specifically as it made under out the specific parties and parties are specifically as it made under out the specific parties		
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: Legard ZATORIS 4/10/97 (854) 463-7138		
SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #		