

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN 22 PM 3:47

DOCUMENT # L 36299

1. Corporation Name

ZBD Constructors, Inc.

2. Principal Office Address

405 N. Rco Street

Suite, Apt. #, etc.

300

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Office Address

405 N. Rco Street

Suite, Apt. #, etc.

300

City & State

Tampa, FL

Zip

33609

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

12-14-89

5. FEI Number

592981182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

000004447190--2

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

12005 Pine Island Road

-06/27/01--01021--009  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Connie Bryan  
Connie Bryan  
REGISTERED AGENT MUST SIGN

Date 6-22-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	John Novak	405 N Rco Street Ste 300	Tampa, FL 33609
VP	Victor Bochicchio	405 N-Rco Street Ste 300	Tampa, FL 33609
Sec/Treas	Mike Goodwin	5701 South Eastern Ave	Los Angeles, CA 90040
Director	Jon Koenig	5701 South Eastern Ave	Los Angeles, CA 90040
B.Chairman			

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

10. 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.

Victor Bochicchio

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/01 813-342-4940

Date

Daytime Phone #

CR2E081 (9/00)