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 DEC -3 AM 9:47

DOCUMENT # N 00000001094

1. Corporation Name

Ryan Zoller Foundation

REINSTATEMENT PB

03/14/01 90499 025 #6125 D

2. Principal Office Address	3. Mailing Office Address
	13149 A. North Dale Mabry
Suite, Apt. #, etc.	Suite, Apt. #, etc. 701
City & State	City & State Tampa, Fl.
Zip / Country	Zip 33618 / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3578495 ☐ 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: Yvonne Susan Zoller

Street Address (P.O. Box Number is Not Acceptable): 17725 Eagle Lane

Suite, Apt. #, Etc.:

City: Lutz. State: FL Zip Code: 33552

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****175.00 ****75.00

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: Yvonne Susan Zoller — REGISTERED AGENT MUST SIGN — Date: 10/08/01

CR2E061 (9/00)

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
T	William Lupo	9125 Cypress Keep Ln.	Odessa, Fl. 33556
T	Waldemar Zoller	17725 Eagle Lane	Lutz, Fl. 33552
D	Yvonne Susan Zoller	17725 Eagle Lane	Lutz, Fl. 33552

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.

(813) 920-7945 (Hm)

SIGNATURE: Yvonne Susan Zoller — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 10/08/01 Date — (813) 265-8747 (wk) Daytime Phone #

PB