

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 26 PM 4:10

DOCUMENT #

1. Corporation Name

NO3000000982
Zuma Art Co.

2. Principal Office Address - No P.O. Box #

618 Tropical Breeze Way

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33602

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/5/2003

5. FSI Number

061676371

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75

7. Name and Address of Current Registered Agent

Name

Jonathan Montgomery

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

618 Tropical Breeze Way

Suite, Apt. #, Etc.

City

Tampa FL

State

FL

Zip Code

33602

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/15/08

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
Secretary	Jodi Jacobson	618 Tropical Breeze Way	Tampa FL 33602
Director	Jon Montgomery	618 Tropical Breeze Way	Tampa FL 33602

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/08

Daytime Phone #

813-598-1535