

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05000007412**

1. Corporation Name

FOR ZION'S SAKE MINISTRIES, INC.

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

2095 SW 166th Ave

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027-4492

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

7. Name and Address of Current Registered Agent

Name

GARY F. KOSAK

FOR ZION'S SAKE MINISTRIES, INC.

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

2095 SW 166th Ave

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|------------------------|
| PT | GARY F KOSAK | 2095 SW 166 AVE | MIRAMAR FL 33027 |
| V | M. HELLEN KOSAK | 2095 SW 166 AVE | MIRAMAR FL 33027 |
| S | SALLY MISHKIN | 1240 NE 153 rd St. | MIAMI, FL 33162 |
| D | MICHAEL LIVSKY | 520 NE 20 th St. Apt 911 | FT LAUDERDALE FL 33305 |
| | | | S. HAWKES |
| | | | FEB - 4 A.M. |

10. E-mail Address: **zionfake@aol.com**

gkosak@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Jan 2015

Date

954.558.4807

Daytime Phone #

FILED

15 FEB -4 AM 9:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

20 JUL 2005

5. FEI Number

20-4538294

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**000269102990
02/04/15--01003--017 **\$87.50**

EXAMINER