

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009772

Entity Name: Z-BESTO, INC.

FILED
Oct 31, 2009
Secretary of State

Current Principal Place of Business:

12314 LANGSHAW DR.
THONOTOSASSA, FL 33592

New Principal Place of Business:

3919 W. PALMETTO STREET
TAMPA, FL 33607

Current Mailing Address:

PO BOX 11145
TAMPA, FL 33680

New Mailing Address:

FEI Number: 70-5770219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HIRES, ALMA S DR
3919 W PALMETTO STREET
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR. ALMA S. HIRES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HILL, CAROLYN
Address: 12314 LANGSHAW DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: S () Delete
Name: WIMBLEY, BETTY
Address: 1721 MOSAIC FOREST DR
City-St-Zip: SEFFNER, FL 33584

Title: VC () Delete
Name: HARVEY, HAZEL S DR
Address: 4315 W GREEN STREET
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: FLOWERS, MARION Y
Address: 9008 HICKORY CIR
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: ROBINSON, ELLEN M
Address: 6810 WAYSIDE CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HARVEY, HAZEL S DR
Address: 4315 W GREEN STREET
City-St-Zip: TAMPA, FL 33607

Title: T (X) Change () Addition
Name: DAVIS, DEBRA
Address: 9117 MOCCASIN TRAIL DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA DAVIS

T

10/31/2009

Electronic Signature of Signing Officer or Director

Date