

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000005147

1. Corporation Name

Zetas Excelling Through Action, INC.

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

430 Wekiva Rapids Drive

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714-7546

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Dr. Genevia M. Gano, Ed.D.

Street Address (P.O. Box Number is Not Acceptable)
430 Wekiva Rapids Drive

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714-7546

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

Genevia M. Gano

REGISTERED AGENT MUST SIGN

Date 04/09/2009

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	Debra Evans	23718 Wolf Branch Road	Sorrento, FL 32776-9148
Treasurer	Rasheeda Smith	1041 Hamlet Drive	Maitland, FL 32751
Chairman	Dr. Genevia Gano, Ed. D.	430 Wekiva Rapids Drive	Altamonte Springs, FL 32714-7546
D.	Rosa Pickett	2785 Blue Raven CT	Lake Mary, FL 32746
D.	Lashonda Royal	1341 Kintla RD	Apopka, FL 32712

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:

Genevia M. Gano

Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/09

Date

407-774-6843

Daytime Phone #

FILED

09 APR 14 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800149769658

04/14/09--01002--031 **131.25

REINSTATEMENT

08-09

4. Date Incorporated or Qualified
To Do Business in Florida 05/22/2007

5. FEI Number
20-4661926

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

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