

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS
W06000044683

DOCUMENT # N18180

1. Corporation Name

FLYING Z ACRES
ASSOCIATION INC

2. Principal Office Address

12055 GANDY BLVD N

Suite, Apt. #, etc.

253

City & State

ST PETERSBURG, FL

Zip

33702

Country

FLORIDA

3. Mailing Office Address

12055 GANDY BLVD N

Suite, Apt. #, etc.

253

City & State

ST PETERSBURG, FL

Zip

33702

Country

FLORIDA

CR2E081 (12/05) 1999-2006

4. Date Incorporated or Qualified
To Do Business in Florida

12-10-86

5. FEI Number

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

CAROLYN P ZABLOCKI

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

12055 GANDY BLVD N

Suite, Apt. #, Etc.

253

City

ST PETERSBURG

State

FL

Zip Code

33702

700080642307
10/10/06--01005--014 ***675.75

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

Carolyn P Zablocki
REGISTERED AGENT MUST SIGN

Date 10/16/06

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
D.P.T	CAROLYN P ZABLOCKI	12055 GANDY BLVD N #253	ST PETERSBURG, FL 33702
D.S	Kenneth M ZABLOCKI	12055 GANDY BLVD N #253	ST PETERSBURG, FL 33702
D	GORDON N. ZABLOCKI	172 N.E 672 ST	OLD TOWN FL 32680

B. 10/25/04

REINSTATEMENT 99-04

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:

Kenneth M Zablocki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH M ZABLOCKI

10.3.06

Date

727 576 3848

Daytime Phone #