


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 PINELLAS		3. Mailing Office Address 12055 GANDY BLVD N Suite, Apt. #, etc. # 253 City & State ST PETERSBURG, FL Zip 33702 Country PINELLAS	
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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

CR2E081 (12/05) 1999-2006

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

700080642907
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 Date 10/16/06

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
D.P.	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 M. ZABLOCKI	172 N.E 672 ST	OLD TOWN FL 32680

B. 10/25/04

REINSTATEMENT 99-06

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 KENNETH M ZABLOCKI 10.3.06 727 576 3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #