

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -5 AM 9: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N29593**

1. Corporation Name  
**ZEK CORPORATION**

Principal Place of Business 6851 WIRE RD. ZEPHYRHILLS FL 33540-1655 US	Mailing Address 6851 WIRE RD ZEPHYRHILLS FL 33540-1655 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida <b>12/07/1988</b>	<b>SP</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-2806594</b>	Applied For Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country		



**REINSTATEMENT** 09

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
<del>D</del>	<del>LEHRKE, GLEN</del>	35209 DALE AVE.	ZEPHYRHILLS FL
<del>D</del>	<del>O'BERRY, P.O.</del>	P.O. BOX 675 N/A	LACOOCHEE FL
<del>D</del>	<del>LOCK, ROBERT</del>	38415-2 EVERGREEN VILLAGE DR.	ZEPHYRHILLS FL
D	Robert F. Hatfield	13405 10th St.	Dade City, FL 33525
D	E.T. Dene	3237 Diana Dr.	Zephyrhills, FL 33541
D	George Machado	5150 Flower St.	Zephyrhills, FL 33541

8. Name and Address of Current Registered Agent SHAFFER, ALBERT 29929 BRIARTHORN LOOP ZEPHYRHILLS FL 33544	9. Name and Address of New Registered Agent Name <b>Robert F. Hatfield</b> Street Address (P.O. Box Number is Not Acceptable) <b>13405 10th Street</b> Suite, Apt. #, Etc. <b>700005039797-3</b> City <b>Dade City, FL 33525</b> -11/09/99--01068--001 ***236.25
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.  
Signature of Registered Agent: Robert F. Hatfield Date: 10/15/99  
REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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: Robert F. Hatfield Date: 10/15/99 Daytime Phone #: (782) 855-782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR