

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N99000006776

1. Corporation Name

GAZOO CORPORATION

Principal Place of Business

Mailing Address

P. O. BOX 46955  
TAMPA FL 33647

P. O. BOX 46955  
TAMPA FL 33647

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1999

5. FEI Number

-59-3645859

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>S</del>	<del>BULZONE, NICOLE</del>	<del>2803 THAXTON DR., #11</del>	<del>PALM HARBOR FL 34684</del>
S	Prior, Deborah D	17505 Mallard Court	Lutz, FL 33549
VP	Tighe, Mark D	11504 Louvre Place	Temple Terrace, FL 33617
P	Kremer, Mitzi D	16610 Palm Royal #932	Tampa, FL 33647
			800003677388-7 -02/13/01--01093--003 ***297.50 ***297.50

8. Name and Address of Current Registered Agent

TIGHE, MARK  
11504 LOURVE PLACE  
TEMPLE TERRACE FL 33617

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Mark Tighe* REQUIRED  
REGISTERED AGENT MUST SIGN

Date

1-10-01

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:

*Mitzi Kremer* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-01

Daytime Phone #

KE  
813-972-5128

CR2E040 (8/00)