..... PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State-DIVISION OF CORPORATIONS

DOCUMENT #

N9900006776

1. Corporation Name

GAZOO CORPORATION

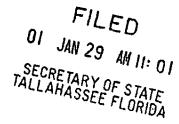
Principal Place of Business

Mailing Address

P. O. BOX 46955 TAMPA FL 33647

P. O. BOX 46955

TAMPA FL 33647



								PAWERIER	-2790 ()	
If above addresses are incorrect in any way, line through incorrect information and en 2. New Principal Office Address, If Applicable 3. New Mailing Office Address							4. vale incom	orated or Qualified	0,000	
							ness in Florida	11/12/1999		
Suite, Apt. #, etc. Suite, Apt. #			, etc.			5. FEI Number	•	Applied For		
City & State - City & St			~City & State-	e			-59-3	64 <i>5</i> 859	Not Applicable	
Zip	Zip Country		Zip	Zip Coun			6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Add	dresses of Each Officer and	or Director (Flo	rida nonprofi	it corporation	s must list at lea	st 3 directors)		<u></u>	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
8-	BULZONE, NICOLE			280 3 THAXTON DR., #11				PALM HARBOR FL 34684		
S	Prior, Deborah D			17505 Mallard Cour			Court	- Lutz, FL 33549		
٧P	Tighe. Mark D			11504 Courre Place			lace	Temple Te	race FL 33617	
P	Kremer, Mitzi D			16610 Palm Royal #932 Tampa, FL 33647				33647		
							8	0000036 7 -02/13/01 ****297.	773887 01093003 50 ****297.50	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
Name										
TIGHE, MARK						Street Address (P.O. Box Number is Not Acceptable)				
11504 LOURVE PLACE TEMPLE TERRACE FL 33617					Sı	Suite, Apt. #, Etc.				
						City State Zip Code FL				
_		registered agent of the abo	ve named corpo	oration, am fa	amiliar with ar	id accept the ob	oligations of Section			
Signature of Registered Agent Date 1-10-01									0-01	
		RE	STERED AG	ENT MUST S	SIGN 	<u>-</u>			<u> </u>	
this reins owed by	statement app the corporation	fficer or director or the recei- dication, the reason for disso on have been paid and the i tue and accurate, and my sig	lution has been names of individ	eliminated, t uals listed or	the corporate this form do	name satisfies in not qualify for a	the requirements an exemption und	of section 607.0401 or 61		