
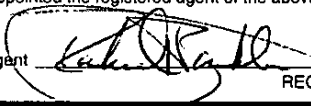



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 APR 27 AM 10:14 ALLAHAMMEE, FLORIDA
DOCUMENT # P00000022401			
1. Corporation Name RPPZ, Inc. W206-16740			
2. Principal Office Address 8083 Old Kings Rd. S. Suite, Apt. #, etc. City & State Jacksonville, FL Zip Country 32217 USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 3-1-00	
		5. FEI Number 59-3627199 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name: Richard H Zinkhen			
Street Address (P.O. Box Number is Not Acceptable): 8083 Old Kings Rd. S. 808073524228 7830 Kingsmill Court 05/01/06--01059--024 **450.00			
Suite, Apt. #, Etc.			
City: Jacksonville, FL		State: FL Zip Code: 32256	
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: 		Date: May 30. 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
Pres	Richard H Zinkhen	8083 Old Kings Rd. S.	Jax. FL 32217
Sec	Ph S. Zinkhen	8083 Old Kings Rd. S.	Jax. FL 32217
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: 		Date: May 30. 06 Daytime Phone #: 904-737-3060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			