

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 29 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 000000116552

1. Corporation Name

ZEKE & ASSOCIATES, INC

2. Principal Office Address

783 BRITANY DR

Suite, Apt. #, etc.

APT B

City & State

INDIANLANTIC FL

Zip

32903

Country

U.S

3. Mailing Office Address

P.O. BOX 2946

Suite, Apt. #, etc.

2

City & State

MATTHEWS N.C

Zip

28106

Country

U.S

REINSTATEMENT

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/2000

5. FEI Number

651062793

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

RALPH GOLSON

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

783 BRITANY DR

Suite, Apt. #, Etc.

APT B

City

INDIANLANTIC

State

FL

Zip Code

32903

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

Ralph Golson

REGISTERED AGENT MUST SIGN

Date 2/9/04

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	RALPH GOLSON	783 B BRITANY DR	INDIANLANTIC FL 32903
Treas	JOHN W CORLEY	7114 SHANNOPIN DR #913	CHARLOTTE N.C 28270

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 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:

John W Corley

JOHN W CORLEY

2/9/04 704577 9548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #