

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # P00000117002**

1. Corporation Name

**GROUND ZERO PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

~~230 PINE TERRACE~~  
WEST PALM BEACH FL 33405

~~230 PINE TERRACE~~  
WEST PALM BEACH FL 33405

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

301 Avila Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

301 Avila Rd.

Suite, Apt. #, etc.

City & State  
West Palm Beach FL

City & State

Zip 33405

Country

Zip 33405

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/2001

5. FEI Number

65-1063322

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
PD	PAIN, MARK L	230 PINE TERRACE	WEST PALM BEACH FL 33405
VP	LARGE, TIMOTHY A VP	230 PINE TERRACE	WEST PALM BEACH FL 33405

**REINSTATEMENT 03-04**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FINANCIAL FOUNDATIONS, INC.**  
**3150 SANDY RIDGE DRIVE**  
**CLEARWATER FL 33761**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Mark L. Pain*

REGISTERED AGENT MUST SIGN

Date

10/8/03

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:

*Mark L. Pain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mark L. Pain / 10/8/03*

Date

Daytime Phone #

561-596-6800

CR2E040 (7/03)

*PAYC 2/27*

Ground Zero Productions, Inc.

301 Avila Rd. West Palm Beach, FL 33405

• Department of State  
• Division of Corporations  
• 409 East Gaines Street  
Tallahassee, FL 32399

Dear Sirs,

I have not received any notices for reinstatement as I have moved to a new address which I indicated on your reinstatement form. All correspondence should be sent to this new address. Enclosed is a check for the amount requested for reinstatement. Thank you.

Sincerely,



President  
Mark L. Pain