

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P01000007463

1. Corporation Name

Z-FACILITATORS INC.

Principal Place of Business

Mailing Address

6314 CARRIE ANN CT
ORLANDO FL 32819-7500

6314 CARRIE ANN CT
ORLANDO FL 32819-7500

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

01/18/2001

5. FEI Number

59-3692035

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GUO, ZHI (GEORGE)	6314 CARRIE ANN CT	ORLANDO FL 32819
D	GUO, YAYI STEPHANIE	6314 CARRIE ANN CT	ORLANDO FL 32819

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUO, ZHI (GEORGE)
6314 CARRIE ANN CT
ORLANDO FL 32819-7500

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct. 22, 02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 22, 02

Daytime Phone #



FILED

02 OCT 21 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-17-02 90087 007463

CR2E040 (8/02)



Z-FACILITATORS INC.
WATER RELATED ENGINEERING AND SCIENCES

Your Ref:

Our Ref: GEN/Admin/Reg.

Date: 10/28/2002

Division of Corporations
Department of State
409 East Gaines St.
Tallahassee, FL 32399

Dear Sirs:

Attached is our complete Uniform Business Report filed with this division for Year 2002.

We submitted this Report with a check of \$150 in August/September, but missed two pieces of information (i.e. FEI Number and Registered Agent). Following up your instruction in later September, we submitted the required information to your division on the returned copy of our original submission as we were told by your office that we could do so. But now we understand that our Uniform Business Report has not been processed because we need to fill-up a new UBR form with the required information, rather than putting the information on the returned copy.

We hope the attached form would satisfy your requirement, and sincerely hope that you would promptly process our filing. For this purpose, we are using deliver the complete form to you by courier service. From my conversation with your representatives today, there should have no additional charge on this process.

George Z Guo, Director

Z-Facilitators Inc.