

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000036298

1. Corporation Name

BZ, INC.

FILED

02 NOV -5 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

480 WEST COCOA BEACH CAUSEWAY
COCOA BEACH FL 32931
US

480 WEST COCOA BEACH CAUSEWAY
COCOA BEACH FL 32931
US



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

4. Date Incorporated or Qualified To Do Business in Florida

04/10/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

650 N. ATLANTIC AVE

PH# 6

5. FEI Number

Applied For

City & State

City & State

COCOA BEACH FL

Not Applicable

Zip

Country

Zip

Country

32931

BRITAIN

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	ZERVOS, NICHOLAS F	480 WEST COCOA BEACH CAUSEWAY	COCOA BEACH FL 32931
D	BERMAN, LEWIS	480 WEST COCOA BEACH CAUSEWAY	COCOA BEACH FL 32931

600008802156
11/05/02--01029--014 **150.00

02432 178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLASS, GREGORY W
1800 W. HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901

Name

LEWIS BERMAN

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

650 N. ATLANTIC AVE

Suite, Apt. #, Etc.

PH# 6

City

COCOA BEACH

State

FL

Zip Code

32931

CR2E040 (8/02)

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] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/30/02

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)(f), 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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERMAN

Date

Daytime Phone #

10/30/02 321 7840675

Proven

**L
B**

Lewis Berman
650 N. Atlantic Ave. Ph. 6
Cocoa Beach, Fl., 32931
Phone 321-784-0675
Fax 321-868-7904
E-Mail
LBermancpa@AOL.com

October 30, 2002

Florida Department of State
Jim Smith, Sec. of State
Div. of Corporations
PO Box 6327
Tallahassee, Fl. 32314

To Whom it May Concern:

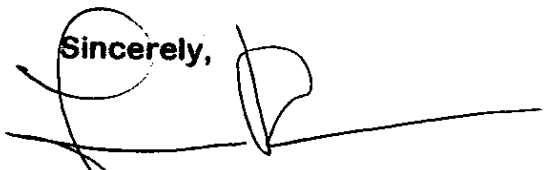
This is in regard to Document # PO 100036298, Application for Reinstatement for BZ, Inc.

I just received this document this week. Please waive the reinstatement fee as I did not receive the two prior uniform business report notices.

Enclosed is the \$150.00 fee for a for-profit corporation.

Thank you.

Sincerely,



Lewis Berman, Director