

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1/2

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.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
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

6000008802156  
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

Date 10/30/02

REGISTERED AGENT MUST SIGN

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

BERMAN

10/30/02 321 7840675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*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:**

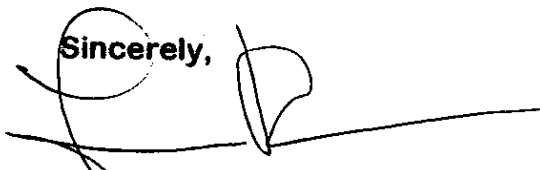
**This is in regard to Document # PO 1000036298, Application for  
Reinstatement for BZ, Inc.**

**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**