

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 21 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000040770**

1. Corporation Name

**ZELEN & COMPANY, INC.**

Principal Place of Business

Mailing Address

4927 JOSEPH CREEK DR.  
JACKSONVILLE FL 32258

4927 JOSEPH CREEK DR.  
JACKSONVILLE FL 32258

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

04/23/2001

5. FEI Number

59-3712836

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
PS	ZELEN, JANET E	4927 JOSEPH CREEK DR.	JACKSONVILLE FL 32258
VT	ZELEN, STEPHAN W	4927 JOSEPH CREEK DR.	JACKSONVILLE FL 32258

200023368752  
10/21/03--01058--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZELEN, JANET E  
4927 JOSEPH CREEK DR.  
JACKSONVILLE FL 32258

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

*Janet E. Zelen*  
REGISTERED AGENT MUST SIGN

Date 10/15/03

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:

*Janet E. Zelen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03  
Date

Daytime Phone #

CR2E040 (7/03)

ZELEN & COMPANY  
4927 JOSEPH CREEK DRIVE  
JACKSONVILLE, FL 32258

October 15, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

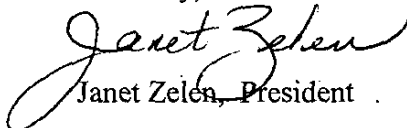
Dear sir or madame,

Please find enclosed the Application for Reinstatement for the above named corporation along with a check in the amount of \$150. We never received the prior two annual reports. This is the first notification that we have received.

Please reinstate the corporation to active status.

If you have any questions regarding the above please call me at 904-260-1954.

Sincerely,

  
Janet Zelen, President