

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

02-03 UBR

FILED

03 JUN 30 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 9/2

DOCUMENT # P01000051964

1. Corporation Name

Z-P Sarasota, Inc.

2. Principal Office Address

7266 55th Avenue East

Suite, Apt. #, etc.

3. Mailing Office Address

7266 55th Avenue East

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34203

Country

USA

City & State

Bradenton, FL

Zip

34203

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-18-01

5. FEI Number

65-1113566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100018675961
06/30/03--01045--013 **150.00

7. Name and Address of Current Registered Agent

Name

John Zipay

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

7266 55th Avenue East

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34203

100018675961
05/09/03--01074--003 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Eddie Pawl	7266 55th Avenue East	Bradenton, FL 34203
D	John Zipay	7266 55th Avenue East	Bradenton, FL 34203

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Zipay

Date

941-752-7922

Daytime Phone #

CR2E081 (10/02)

John Zipay, Director
Z-P Sarasota, Inc.
7266 55th Avenue East
Bradenton, FL 34203

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

My accountant has recently advised that I must file for Reinstatement of my Corporation with the State of Florida. Please accept this letter as my request for a Waiver of Fees due to non-receipt of notices.

We were a new corporation in 2001, and did not realize that a corporation report had to be filed annually. Our business address and mailing address have changed since incorporating, and we did not receive the forms. We relied on our Registered Agent to fulfill our filing obligations, or notify us of any required filing. That did not happen, and as a result, our Unified Business Report was not filed for the year 2002. We discovered this when my accountant explained that a Unified Business Report had to be filed annually.

Enclosed is a completed copy of my application for Corporate Reinstatement, along with my check in the amount of \$150, which I trust you will accept for the filing fees.

Thank you for your consideration in this matter.

Sincerely yours,


John Zipay

