

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070452

1. Corporation Name

THE ZONE SPORTS NUTRITION & FITNESS, INC.

Principal Place of Business

501 N. COURTENAY PKWY.
MERRITT ISLAND FL 32953

Mailing Address

501 N. COURTENAY PKWY.
MERRITT ISLAND FL 32953

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1079B N. COURTENAY PKWY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1079B N. COURTENAY PKWY

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/2001

5. FEI Number

59-3736754

Applied For

Not Applicable

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

Zip

32953

Country

USA

Zip

32953

Country

USA

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
DP	SHORIAK, TOMMY	501 N. COURTENAY PKWY. 1079B N. COURTENAY PKWY	MERRITT ISLAND FL 32953
D	POTTER, MIKE	501 N. COURTENAY PKWY.	MERRITT ISLAND FL 32953

000008626800
10/28/02--01090--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Shoriak SHORLAK, TOMMY 501 N. COURTENAY PKWY. MERRITT ISLAND FL 32953	Name SHORIAK Street Address (P.O. Box Number is Not Acceptable) 1079B N. COURTENAY PKWY Suite, Apt. #, Etc. City State FL Zip Code
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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 10/21/02

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

Daytime Phone #

10/21/02 321-455-1566

CR2E040 (8/02)

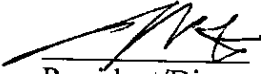
The Zone Sports Nutrition & Fitness

re: corporate renewal

Dear sirs,

Our company did not receive the prior notice for the Uniform Business Report, which could have been due to our address change. New changes have been made to the report and all information is current and accurate. Enclosed is the \$150 dollar renewal fee, thank you very much.

Tommy shoriak

 10/24/02

President/Director

The Zone Sports Nutrition & Fitness, Inc.