

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073704

1. Corporation Name

ZANE EMERSON, INC.

Principal Place of Business

C/O COMPUKEEPER INC.
1446 NW 2ND AVE STE 105
BOCA RATON FL 33432

Mailing Address

C/O COMPUKEEPER INC.
1446 NW 2ND AVE STE 105
BOCA RATON FL 33432

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

2. New Principal Office Address, If Applicable
301 NE 20th Street

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip Country
33432 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2001

5. FEI Number

65-1122015

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	EMERSON, ZANE	301 NE 20TH STREET	BOCA RATON FL 33432

100008758141
11/01/02-01058-015 **150.00

8. Name and Address of Current Registered Agent

EMERSON, ZANE
C/O COMPUKEEPER INC.
1446 NW 2ND AVE STE 105
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 #

CR2E040 (8/02)

October 30, 2002

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: P0100073704
Zane Emerson, Inc.

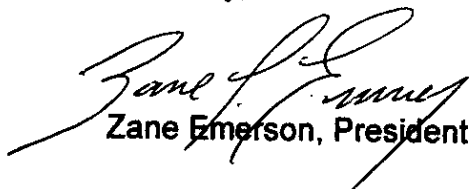
Dear Sir or Madam:

I am enclosing a check in the amount of \$150.00 and respectfully requesting that you abate the Penalty for the above mentioned Corporation.

Please note that the original renewal was sent to my home where my aging Mother received it and thought it was a solicitation, thereby disgarding it.

I appreciate any consideration you may give me for this one time error.

Sincerely,



Zane Emerson, President

Cc:file