

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000074946

1. Corporation Name

C & Z CUSTOMIZED CLOSETS, INC.

Principal Place of Business

2255 SW 70TH AVENUE
BAY 3-21
DAVIE FL 33317

Mailing Address

2937 QUAIL RUN LANE
DAVIE FL 33328

REINSTATEMENT

FILED
03 NOV 20 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



700024866717
11/20/03--01002--010 **150.00

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

2. New Principal Office Address, If Applicable
2683 WEST ORCHARD

Suite, Apt. #, etc.

CIRCLE

City & State

DAVIE FLORIDA

Zip 33328

Country USA

3. New Mailing Office Address, If Applicable
2683 WEST ORCHARD

Suite, Apt. #, etc.

CIRCLE

City & State

DAVIE FLORIDA

Zip 33328

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/2001

5. FEI Number

65-1127109

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
PSTD	ZAPATA, CARLOS M	2937 QUAIL RUN LANE	DAVIE FL 33328
	ZAPATA, CARLOS M.	2683 WEST ORCHARD CIRCLE	DAVIE FL 33328

8. Name and Address of Current Registered Agent

ZAPATA, CARLOS M
2937 QUAIL RUN LANE
DAVIE FL 33328

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

P
REGISTERED AGENT MUST SIGN

Date

11-13-03

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:

P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-03

Daytime Phone #

CR2E040 (7/03)

C&Z Customized Closets, Inc.
2683 W Orchard Circle
Davie, FL 33328
11-13-03

Florida Department State
Glenda E. Hood
Secretary of State
Division of Corporations

Document # PO11000074946 C&Z Customized Closets Inc,
Zapata, Carlos M
FE# 65-1127109

Dear Glenda:

This letter is to formally apologize for not submitting the paperwork on time. It has been a year since we moved from the address you have listed. Our new mailing address is: 2683 W Orchard Circle
Davie, FL 33328

I have included \$150.00 to file the report.

Sincerely,

Carlos M. Zapata