

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000094514

1. Corporation Name

ZAGO, Inc.

2. Principal Office Address

200 Galleria Pkwy

Suite, Apt. #, etc.

STE 2060

City & State

Atlanta, GA

Zip

30339

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

000009078810

11/19/02--01031--003 **750.00

4. Date Incorporated or Qualified

To Do Business in Florida 9/26/01

5. FEI Number

59-3759647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Raymond M. Ivey

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

4041 N.W. 37th Place

Suite, Apt. #, Etc.

Suite B

City

Gainesville

State

FL

Zip Code

32606

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

Raymond M. Ivey

REGISTERED AGENT MUST SIGN

Date December 10, 2002

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
Pres	Ray Goff	1131 Founders Blvd	Athens GA 30606
VP	Connie Cooper	200 Galleria Pkwy STE 2060	Atlanta GA 30339
VP	William Lee Goff	1131 Founders Blvd	Athens GA 30606

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:

Ray Goff Ray Goff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W/Loc 7065167493

Date

Daytime Phone #