## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## ARPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000020516 DOCUMENT #

1. Corporation Name

ZON REALTY INC.

Principal Place of Business

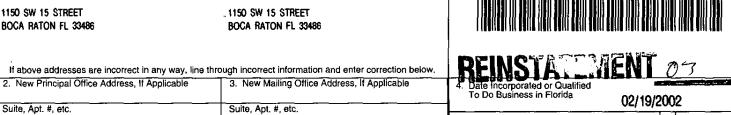
Mailing Address

1150 SW 15 STREET **BOCA RATON FL 33486**  . 1150 SW 15 STREET

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



							5. FEI Number			Applied For	
City & State			City & State	City & State						Not Applicable	
Zip	ip Country		Zip		Country		6. CERTIFICATE OF STATUS DESIRED  S8		\$8.75 Ad for a C	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprofi	t corporations must lis	t at leas	3 directors)	<del></del>			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
PD	REED, CONNIE Z			1150 SW 15 STREET			BOCA RATON FL 33486				
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							11/10/	/030111602	5 **1\ 	50.00 	
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	8. Nam	e and Address of Curre	nt Registered Age		Name and Address of New Registered Agent						
REED	CONNIE Z	<del>-</del>	· · · · · · · · · · · · · · · · · · ·	Name							
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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

1150 SW 15 STREET **BOCA RATON FL 33486** 

Date 11-1-03

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

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 filling 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.

Suite, Apt. #, Etc.

**ICER OR DIRECTOR** 

State | Zip Code

FL

Department of States To Whan It May Concern: I did not receive the two from uniform business report (UBR) notices. Please accept my as reinstatement Thank you, C. Jon Less