

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 # **P02000021831**

1. Corporation Name

ZAMORA ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

~~1105 AJUGA CT~~
~~JACKSONVILLE FL 32259~~

~~1105 AJUGA CT~~
~~JACKSONVILLE FL 32259~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

787 Southside Blvd Apt. 3905

Suite, Apt. #, etc.

Jacksonville, Fl

City & State

Suite, Apt. #, etc.

8787 Southside Blvd Apt. 3905

City & State

Jacksonville, Fl

Zip

32256

Country

U.S.A

Zip

32256

Country

U.S.A.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2002

5. **8905** Number

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
PDST	ZAMORA, JOSE L	1105 AJUGA CT 8787 Southside Blvd Apt.	JACKSONVILLE FL 32259 3905, Jacksonville, Fl 32256

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZAMORA, JOSE L

~~1105 AJUGA CT~~ 8787 Southside Blvd Apt.
~~JACKSONVILLE FL 32259~~ Jacksonville, Fl 32256

Name

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

3905

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]
REGISTERED AGENT MUST SIGN

Date **11 19 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



"Mobile Paint & Body Restoration Solutions"

11/18/2003 3:30 PM

Zamora Enterprise of North Florida, Inc.
8787 Southside Blvd Apt 3905
Jacksonville, Fl. 32256

Re: P02000021831

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section

Subj: Request waiver of reinstatement fee

Dear Sir or Madame:

I, Jose L. Zamora, certify that Zamora Enterprise of North Florida did not receive the annual report. Please waive the reinstatement fee for 2003. The file fee of \$150, for Profit Corporation, is enclosed.

Sincerely,

Jose L. Zamora
President
Zamora Enterprises of North Florida