

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000064616

1. Corporation Name

C-Z, Etc., Incorporated

300038850993
07/08/04--01004--009 **300.00

REINSTATEMENT

03-04

2. Principal Office Address

5665 Golden Eagle Cir.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Palm Beach Gardens

City & State

Zip (33418)

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/11/02

5. FEI Number

43-1964511

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

(new)

Name

Conita Kuhn

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

5665 Golden Eagle Circle

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

[Signature]

Date

7/1/04

REGISTERED AGENT MUST SIGN

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
D	Hans Kuhn	5665 Golden Eagle Cir.	Jupiter, FL 33418
D	Conita Kuhn	5665 Golden Eagle Cir.	Jupiter, FL 33418

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:

[Signature] Conita Kuhn

Date

7/1/04

Daytime Phone #

(561) 262-9904 (cell)

CR2081 (07/04)

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