

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 30 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080382

1. Corporation Name

Zolna Enterprises, Inc.1

2. Principal Office Address

907 Bow Court

Suite, Apt. #, etc.

City & State

Valrico

Zip

33594

Country

Hillsborough

3. Mailing Office Address

1907 Bow Court

Suite, Apt. #, etc.

City & State

Valrico

Zip

33594

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/24/2002

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800023420638
09/30/03--01037--006 \$150.00

7. Name and Address of Current Registered Agent

Name

Jeffrey D. Zolna

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

1907 Bow Court

Suite, Apt. #, Etc.

City

Valrico

State
FL

Zip Code
33594

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Jeffrey D. Zolna
REGISTERED AGENT MUST SIGN

Date 09/24/03

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	Jeffrey D. Zolna	1907 Bow Court	Valrico, FL 33594

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/2003 (813) 765-4765

Date

Daytime Phone #

CRCE081 (10/02)

21 10/1

Zolna Enterprises, Inc.
1907 Bow Court
Valrico, Fl. 33594
(813) 765-4765

Zolna Enterprises, Inc.

September 24, 2003

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

On September 22nd a client of mine brought to my attention that my company "Zolna Enterprises, Inc." was administratively dissolved by the state of Florida for failure of a Yearly Filing.


I was obviously unaware of any filing I was supposed to have made. I spoke with an agent in your office on September 24th in attempt to rectify this problem and apparent oversight on my behalf.

I used a company called the Corporation Company Service to help with the set up of my Florida Business and thought that they would handle these issues for me and that if their were any filings to be done that they would make me aware of such filings or handle them for me. Your agent told me that the papers were actually mailed to my home address, which is also the address I would like to change my Registered Agent too but I am unaware of any such mailings being received.

I have enclosed the Document I was told to fill out by your agent along with this letter and a check for \$150.00 in hopes that you would allow me to reinstate my company and company name within the state of Florida and graciously wave the \$600.00 Reinstatement Fee.

I greatly apologize for this apparent oversight on my behalf and assure you that if allowed to reinstate my company name that I will make every effort to not allow any such oversight to take place in the future.

Sincerely,


Jeffrey D. Zolna
President / Owner

ZEI