PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

03 DEC 31 AM 8:00

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

B & Z PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

791 NORTH PINE ISLAND ROAD SUITE 104 PLANTATION FL 33324 If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		791 NORTH PINE ISLAND ROAD SUITE 104 PLANTATION FL 33324			REINSTATEIVENT 03		
		ough incorrect information and enter of 3. New Mailing Office Address, If A Suite, Apt. #, etc. # / 5 City & State Zip Country		Applicable D	4. Date Incorporated or Qualified To Do Business In Florida 5. FEI Number Applied For Not Applicable 6. \$88.75 Additional Fee required		
7. Names	and Street Addresses of Each Officer and. Name of Officers	/or Director (Flo	Stre	eet Address of Each	ast 3 directors)		cate of Status
Title(s) 1 D	2 and di Directors		3 Officer'and/or Director 791 NORTH PINE ISLAND ROAD S			4 City / State / Zip UITE PLANTATION FL 33324	
					90 12/31	0025868179 20301010014 **150	.00
Name and Address of Current Registered Agent				Nema	9. Name and	Address of New Registered Agent	
ZELEZNIK, CRAIG A 791 NOBRIT PINE ISLAND ROAD SUPE 104 PLANTATION FL 33324 10. I, being appointed the registered agent of the above named corporation, am familiar with Registered Agent REGISTERED AGENT MUST SIGN				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL State FL The and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Date			
	y that I am an officer or director or the rece						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/03

Daytime Phone #

B & Z Property Management 9715 W. Broward Blvd. - PMB #151 Plantation, FL 33324 (954) 682-2121 / BrainstormerZ@aol.com

12/22/03

Uniform Business Report Division Of Corporations PO Box 1500 Tallahassee, FL 32302-1500

RE: P02000103599

To Whom It May Concern:

It has come to my attention that my corporation has been dissolved for not filing its 2003 UBR.

My Mailing address has changed and my correspondence was not properly forwarded. As such, I never received my renewal documents.

Enclosed is a report that I have filled out, along with a check for \$150.00 in order to cover this years filing fee.

Please accept this in full satisfaction of my filing requirements and abate any penalty that I may have been assessed.

Thank You, Craig A. Zeleznik

President – B & Z Property Managemnt