


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000116259		
1. Entity Name ZLY, INC.		

FILED

05 NOV 16 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032005 REIN-P CR2E098 (6/04)

Principal Place of Business 1710 N HERCULES AVENUE SUITE 114 CLEARWATER, FL 33765		Mailing Address 1710 N HERCULES AVENUE SUITE 114 CLEARWATER, FL 33765	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
16-1640122

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLD, AARON J 704 WEST BAY STREET TAMPA, FL 33606		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/14/05

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	100061482151	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZLYDASEK, EUGENE J JR			NAME	11/16/05--01041--002	**150.00	
STREET ADDRESS	1710 N HERCULES AVENUE SUITE 114			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33765			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZLYDASEK, MARY ELLEN			NAME			
STREET ADDRESS	1710 N HERCULES AVENUE SUITE 114			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33765			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZLYDASEK, DEBORAH A			NAME			
STREET ADDRESS	1710 N HERCULES AVENUE SUITE 114			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33765			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah A. Zlydasek

DEBORAH A. ZLYDASEK

11-7-05 466-0502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #