

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131672

1. Corporation Name

ZIP CODE ATHLETICS, INC.

Principal Place of Business

Mailing Address

18022 ROYAL FOREST DR
TAMPA FL 33647

18022 ROYAL FOREST DR
TAMPA FL 33647



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

11-3667083

Not Applicable

Zip

Country

Zip

Country

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
PST	NELSON, ARIS W	18022 ROYAL FOREST DR	TAMPA FL 33647
	Nelson, Paris W. (Correction)		

300023855623
10/16/03-01050-015 \$150.00

10/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEFFIELD, FRANK E
906 THOMASVILLE RD
TALLAHASSEE FL 32303

Name

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

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 REQUIRED

REGISTERED AGENT MUST SIGN

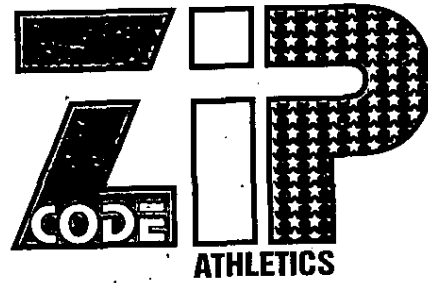
Date 10-15-03

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:

Paris W. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03 813-784-5459
Date Daytime Phone #



October 10, 2003

Paris W. Nelson
President, Zip Code Athletics
18022 Royal Forest Drive
Tampa, FL 33647

Florida Department of State
Division of Corporations
Attention: Ms. Glenda E. Hood
Tallahassee, FL 32314

Dear Ms Hood,

I, Paris W. Nelson, President, Zip Code Athletics, Inc., request the reinstatement penalty fee be waived because I nor my resident agent, Frank E. Sheffield, Attorney at Law, never received the two prior Uniform Business Reports (UBR) notifications.

Enclosed are the necessary documents for reinstatement, a check for \$150.00, the Annual Uniform Business Report for 2003, and the application for reinstatement.

In the future, I will comply with the annual Uniform Business Reports which are due between January and May to maintain my corporation's active status.

Thank you for your assistance in this matter. If you have any questions, you may reach me at (813) 994-6257.

A handwritten signature in cursive script, appearing to read "Paris W. Nelson".

Paris W. Nelson
President, Zip Code Athletic, Inc.

PRIDE THROUGH PERFORMANCE

18022 Royal Forest Drive
Tampa, Florida 36247

zipcodeathletics@yahoo.com
mobile: +49 170 947313/4