

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 08, 2004
Secretary of State**

DOCUMENT# P03000037850

Entity Name: ZONE OPTIONS, INC.

Current Principal Place of Business:

2582 S. MAGUIRE ROAD
SUITE 170
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2582 S. MAGUIRE ROAD
SUITE 170
OCOEE, FL 34761

New Mailing Address:

FEI Number: 41-2088937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRONOVO, JOSEPH III
2582 S. MAGUIRE ROAD
SUITE 170
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTRONOVO, JOSEPH III
Address: 2582 S. MAGUIRE
City-St-Zip: OCOEE, FL 34761

Title: D (X) Delete
Name: MOFFIT, TOM JR
Address: 2493 RIVERTREE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: D (X) Delete
Name: ADAMS, JOHN A
Address: 1760 RACHEL'S RIDGE LOOP
City-St-Zip: OCOEE, FL 34761

Title: D (X) Delete
Name: MOFFIT, TOM III
Address: 25133 ADAIR AVENUE
City-St-Zip: SORRENTO, FL 34776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE CASTRONOVO

PRES

11/08/2004

Electronic Signature of Signing Officer or Director

Date