

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 31 AM 11:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000075712

1. Corporation Name

ZCORP DEVELOPMENT, INC.
13638 SUNSET LAKES LN

REINSTATEMENT 05-86

CR2E081 (12/05)

2. Principal Office Address

13638 SUNSET LAKES LN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

Zip

34787

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KEVIN E. ZIBOLSKY

200081402282

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

13638 SUNSET LAKES LN

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kevin E. Zibolsky

Date

10/24/04

REGISTERED AGENT MUST SIGN

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
V.P.	KEVIN ZIBOLSKY	13638 SUNSET LAKES LN	13638 SUNSET LAKES LN WINTER GARDEN, FL 34787
PRES	KRISTY ZIBOLSKY	39033 70TH AVE	DENVER, MN 55018
SEC	GEORGE ZIBOLSKY	44 GREENTREE ST	Homosassa, FL 34446

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 contained in Chapter 119, 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:

Kevin E. Zibolsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/04

Date

(407) 361-0206

Daytime Phone #

292

October, 24, 2006

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: ZCORP Development, Inc. Document # P03000075712

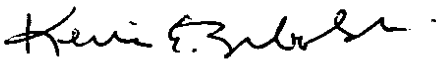
To Whom It May Concern:

Enclosed please find our check in the amount of \$300 for reinstatement of ZCORP Development, Inc.

It has recently come to our attention that the corporation was administratively dissolved. We respectfully request a waiver of late charges as we never received notification of reports or fees due.

Thank you for your prompt consideration.

Sincerely,



Kevin E. Zibolski
V.P.