

05/24/2004 08:28 FAX

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2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB 28 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000086855			
1. Entity Name ZYBEC CORPORATION			
Principal Place of Business 7525 FAWN LAKE ROAD NEW PORT RICHEY, FL 34655		Mailing Address 7525 FAWN LAKE ROAD NEW PORT RICHEY, FL 34655	
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 20-0101872		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PITTMAN, WILLIAM L 7525 FAWN LAKE ROAD NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name CAROLYN J. PITTMAN Street Address (P.O. Box Number is Not Acceptable) 7525 FAWN LAKE ROAD City NEW PORT RICHEY FL Zip Code 34655	
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 <u><i>Carolyn J. Pittman</i></u> CAROLYN J. PITTMAN 02/24/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PITTMAN, WILLIAM L 7525 FAWN LAKE ROAD NEW PORT RICHEY, FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PITTMAN, DARIN 4150 SAWGRASS BLVD. NEW PORT RICHEY, FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PITTMAN, MICAH 5327 LOWELL AVE SPRING HILL, FL 34609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PITTMAN, CAROLYN 7525 FAWN LAKE ROAD NEW PORT RICHEY, FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u><i>William L. Pittman</i></u> William L. PITTMAN 02/24/05 808-1621 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		727 Date Daytime Phone #	