

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000130138

1. Entity Name
ZAK AND SONS PROPERTIES, INC.



FILED

04 NOV 22 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11182004 REIN-P CR2E098 (6/04)

4. FEI Number ☐ Applied For
☒ Not Applicable

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

Principal Place of Business
13750 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787

Mailing Address
13750 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787

2. Principal Place of Business
442 N Dillard Street
Suite, Apt. #, etc.
Suite 1

3. Mailing Address
P.O. Box 783454
Suite, Apt. #, etc.

City & State
Winter Garden FL

City & State
Winter Garden

Zip
34787 Country
USA

Zip
FL Country
USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIMAI, FL 33145

7. Name and Address of New Registered Agent

Name Peter Zakhary
Street Address (P.O. Box Number is Not Acceptable)
442 N Dillard Street
Suite 1
City Winter Garden FL Zip Code 34787

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, 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

TITLE
NAME DP
STREET ADDRESS ZAKHARY, PETER
CITY-ST-ZIP 13750 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787 ☐ Delete

TITLE
NAME DVP
STREET ADDRESS ZAKHARY, RIFAAT
CITY-ST-ZIP 13750 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787 ☐ Delete

TITLE
NAME DST
STREET ADDRESS ZAKHARY, PAUL
CITY-ST-ZIP 13750 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 442 N Dillard Street, suite 1
CITY-ST-ZIP Winter Garden, FL 34787 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1070 Chase Drive
CITY-ST-ZIP Winter Garden, FL 34767 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1070 Chase Drive
CITY-ST-ZIP Winter Garden, FL 34767 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 100042925371
CITY-ST-ZIP 11/22/04--01036--012 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-19-04