

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State,  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 JUL 12 PM 1:06

DOCUMENT # P04000005676

1. Corporation Name

John Zeoli inc.

W07000032245

2. Principal Office Address - No P.O. Box #

6140 HIGH STREET

3. Mailing Office Address

6140 HIGH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey Florida

City & State

New Port Richey Florida

Zip

34653

Country

Pasco

Zip

34653

Country

Pasco

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified  
To Do Business in Florida

1-7-04

5. FEI Number

20-0589093

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Zeoli

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

6140 High Street

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34653

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

John Zeoli

REGISTERED AGENT MUST SIGN

Date 6-29-07

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
P	John Zeoli	6140 HIGH Street	New Port Richey Florida 34653

200106410562  
07/19/07-01057-007 \*\*450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-07

Date

727-841-6207

Daytime Phone #