

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200104721712
06/22/07--01007--001 **1076.25

REINSTATEMENT 05-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000155395**

1. Corporation Name
CBZZ PILOT/ESCORT, INC
564 HARNEY HEIGHTS ROAD
PO BOX 797
GENEVA FL 32732-0797

2. Principal Office Address - No P.O. Box #
564 HARNEY Hgts Rd
Suite, Apt. #, etc.

3. Mailing Office Address
PO BOX 797
Suite, Apt. #, etc.

City & State
GENEVA FL

City & State
GENEVA FL

Zip
32732

Country
SEM

Zip
32732

Country
SEM

4. Date Incorporated or Qualified
To Do Business in **FLA 15, 2004**

5. FEI Number
20-466-4666 ☒ 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 **BARBARA P ZILE**

Street Address (P.O. Box Number is Not Acceptable)
564 HARNEY HEIGHTS RD

Suite, Apt. #, Etc.

City
GENEVA

State
FL

Zip Code
32732-0797

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

Barbara P Zile

REGISTERED AGENT MUST SIGN

Date **6-12-07**

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	BARBARA P ZILE	564 HARNEY Hgts Rd	GENEVA FL 32732
V	CHARLES A ZILE	564 HARNEY Hgts Rd	GENEVA FL 32732
S	BARBARA P ZILE	564 HARNEY Hgts Rd	GENEVA FL 32732
T	BARBARA P. ZILE	564 HARNEY Hgts Rd	GENEVA FL 32732
MAILING ADDRESS PO BOX 797			

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:

Barbara P Zile

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-12-07

Daytime Phone #

BARBARA P ZILE

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