

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000093712

1. Corporation Name

ZENI LOGISTICS INC

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

7254 LOBELIA RD

Suite, Apt. #, etc.

City & State

FT MYERS, FL

Zip

33967

Country

3. Mailing Office Address

PO BOX 56

Suite, Apt. #, etc.

City & State

ESTEERO, FL

Zip

33929

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
41-2210455

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
INEZ BROPHY

Street Address (P.O. Box Number is Not Acceptable)
7254 LOBELIA RD

Suite, Apt. #, Etc.

City
FT MYERS

State
FL

Zip Code
33967

☒ 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

REGISTERED AGENT MUST SIGN

Date 04/02/2009

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	INEZ BROPHY	7254 LOBELIA RD	FT MYERS FL 33967

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:

INEZ BROPHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/2009

Date

2394150625

Daytime Phone #