


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 OCT 20 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000125968

1. Corporation Name

ZITO EXPRESS, INC.

400137071754  
10/20/08--01045--010 \*\*300.00

**REINSTATEMENT**

07-08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # 4102 N.W. 73rd WAY		3. Mailing Office Address 4102 N.W. 73rd WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33065	Country BROWARD	Zip 33065	Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  §§ 76 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
JAY ZITO

Street Address (P.O. Box Number is Not Acceptable)  
4102 N.W. 73rd WAY

Suite, Apt. #, Etc.

City  
CORAL SPRINGS,

State  
FL

Zip Code  
33065

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 \_\_\_\_\_ Date \_\_\_\_\_

**REGISTERED AGENT MUST SIGN**

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
PSTD	JAY ZITO	4102 N.W. 73rd WAY	CORAL SPRINGS, FL 33065

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: JAY ZITO *Jay Zito* 17 Oct 2008 954-347-7460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/21/08