## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000141855

Name: Address:

City-St-Zip:

749 ARIES RD

JACKSONVILLE, FL 32216

Entity Name: ZEBOS LEM TURNER, INC.

FILED Jan 17, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8676 LEM TURNER JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** 8676 LEM TURNER 8676 LEM TURNER JACKSONVILLE, FL 32208 JACKSONVILLE, FL FEI Number: 20-5896369 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORADI, MONIREH MORADI, MONIREH 749 ARIES ROAD 8676 LEM TURNER JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32208 US US 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. SIGNATURE: MONIREH MORADI 01/17/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition SAFI, BABAK Name: Name: 8676 LEM TURNER Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: VΡ Title: (X) Change ( ) Addition () Delete PTS Name: MORADI, MONIREH Name: MORADI, MONIREH 749 ARIES RD 8676 LEM TURNER Address: Address: JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition MORADI, MONIREH Name: Name: 749 ARIES RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: (X) Delete Title: () Change () Addition MORADI, MONIREH

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: MONIREH MORADI 01/17/2008