

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED

99 NOV 16 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008181**

1. Corporation Name

TZRA MOBILE HOMES, INC.

Principal Place of Business

Mailing Address

1250 GRAPE ST.
ST. CLOUD FL 34769

1250 GRAPE ST.
ST. CLOUD FL 34769

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/02/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3173175

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

See the instructions for the certificate of status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SECRETARY	ARZT, PENNY	1250 GRAPE ST.	ST. CLOUD FL 34769
President	Ferne A Arzt	1250 GRAPE ST.	St. cloud, FL. 34769
Vice-PRES.	Kenneth H Arzt	1250 GRAPE ST.	St. cloud, FL. 34769

100003063551-9
-12/07/99--01093--013
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARZT, PENNY Penny ARZT
1250 GRAPE STREET
ST. CLOUD FL 34769

Name
Ferne A. ARZT
Street Address (P.O. Box Number is Not Acceptable)
1250 GRAPE AVE.
Suite, Apt. #, Etc.

City
ST. cloud

State Zip Code
FL 34769

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

Ferne A. Arzt

Date **10/29/99**

REGISTERED AGENT MUST SIGN

11. 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 under section 119.07(3)(i), 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.

KE

SIGNATURE: **Ferne A. ARZT** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/29/99** 407-8
Daytime Phone #