

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078456

1. Corporation Name

Z.B.F. CONSULTANTS AND INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**7228 East Bank Drive
Tampa, FL 33617**

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

2. New Principal Office Address, If Applicable
7228 East Bank Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33617

Country

Hillsborough

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

33617

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

November 15, 1993

5. FEI Number

59-3209004

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Zella Brown Ford	7228 East Bank Drive	Tampa, FL 33617
T	Zella Brown Ford	7228 East Bank Drive	Tampa, FL 33617
S	Zella Brown Ford	7228 East Bank Drive	Tampa, FL 33617

REINSTATEMENT

94-97

SC 11-18-97

8. Name and Address of Current Registered Agent

**Zella Brown Ford
7228 East Bank Drive
Tampa, FL 33617**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, If Applicable)

Suite, Apt. #, Etc.

City

3000002351023--0

11/18/97--01089--005

*****1253.75 ***1253.75**

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Zella Brown Ford
REGISTERED AGENT MUST SIGN

Date **November 18, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

SIGNATURE:

Zella Brown Ford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 18, 1997

Date

(813) 987-2197

Daytime Phone #

CP200-00 (12-96)