CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

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

00 SEP 25 AM 9: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

				i i		
2. Principal Office A 3902 W.	ddress LaSalle St.	3. Mailing Office Ad		REINSTATEMENT	911-17	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- ILIITO I I I I I I I I I I I I I I I I I I		
		·		Date Incorporated or Qualified To Do Business in Florida		
City & State Tampa, Florida		City & State Tampa, Florida				
				5. FEI Number	Applied For	
				59-320 9004	Not Applicable	
33607	Country USA	^{Zip} 33607	Country		Additional Fee required a Certificate of Status	

		The state of the s	00.00
	7. Name and Address of C		
Name			
ZELLA	M. FORD		
' Street Address (P.O. Bo	ox Number is Not Acceptable)	-09/29/0001041	
3902	W.LaSalle St.		
Suite, Apt. #, Etc.	800000340208 -09/29/0001041	13-020	-00-00
	-03, 23, 00 0.23 1. ****250.00 ***	(本/%) - 13 	
City	**************************************	Clare Zip Code	
Tampa		i FL 33607	. #

Ω.	I haing 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.
•	i, being appointed the registered agent of the above harned corporation	, ann iamilian man and accept the obligations of section dor. 0,000 or 0 17,0000, 1Q.

800003402088---03/29/00--01041--019

Signature of Registered Agent

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Titles City / State / Zip Officer and/or Director Pres. ZELLA M. FORD 3902 W. LaSalle St. Tampa, FL 33607 DWIGHTIFORD JR. .. V.P. 3902 W. LaSalle St. Tāmpa, FL 33607 Sec. DE WITT W. FORD 3902 W. LaSalle St. Tampa, FL 33607 DW WAYNE W. FORD Trea. 3902 W. LaSalle St. Tampa, FL 33607 200003402088--5 -09/25/00--01023--001

****700.00 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided it in chapter 607 or 617, F.S. I further certify that when filling

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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*******1.75 *******8.75