

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

96 NOV 22 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 994 000042501  
1. Corporation Name  
EZA ENTERPRISES, INC

Principal Place of Business Mailing Address

1114 OLD DIXIE HWY  
UNIT D-1  
VERO BEACH, FL 32960

**REINSTATEMENT** 95-96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida JUNE 3, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0494556	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	ROBERT J. VOTAW	1845 36 <sup>TH</sup> AVE	VERO BEACH, FL 32960
SECT	"	"	"
			800002017118--9 -12/02/96--01041--010 *****575.00 *****575.00
			B11-25-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name ALICIA MUZZI	
Street Address (P.O. Box Number is Not Acceptable) 266 23RD AVE	
Suite, Apt. #, Etc.	
City VERO BEACH	State Zip Code FL 32960

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 Alicia Muzzi  
REGISTERED AGENT MUST SIGN

Date 11-14-96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:**

Robert J. Votaw ROBERT J. VOTAW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-19-96

Daytime Phone # 561-778-5468