

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



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

FILED

99 OCT 19 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073025

1. Corporation Name

ZGD, INC.

Principal Place of Business

Mailing Address

3225 SOUTHSIDE BLVD  
SUITE 8  
JACKSONVILLE FL 32216

3225 SOUTHSIDE BLVD  
SUITE 8  
JACKSONVILLE FL 32216

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

10/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3269517

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
PD	GONZALEZ, DIEGO L	3225 SOUTHSIDE BLVD, SUITE 8	JACKSONVILLE FL 32216
STD	GONZALEZ, ZORA K	3225 SOUTHSIDE BLVD, SUITE 8	JACKSONVILLE FL 32216

700003026847--1  
-10/27/99--01087--006  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, ZORA K  
3225 SOUTHSIDE BLVD  
SUITE 8  
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Zora Gonzalez*

REGISTERED AGENT MUST SIGN

Date 10-15-99

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.

SIGNATURE:

*Diego Gonzalez Blazquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-99

Date

Daytime Phone #

CR2E040 (8/99)

10-15-89

2

To Whom it May Concern,

Enclosed is a check for \$5000 for  
reinstatement of our caption. We did  
not receive the renewal package.

Sincerely,

Jana Gonzalez