

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT

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

APPROVED
AND
FILED

98 MAR 11 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 94000086448

1. Corporation Name
EZ WAY, INC.

Principal Place of Business Mailing Address
1426 Glenview Rd
Palm Harbor, FL
34683

300002456913--6
-03/13/98--01088--002
****900.00 ****900.00

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

2. New Principal Office Address, If Applicable 1426 Glenview Rd. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 1426 Glenview Rd. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/23/94	
City & State PALM HARBOR FL		City & State PALM HARBOR, FL		5. FEI Number 59-3291255	
Zip 34683		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
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.	DAN. KASARIS	17352 Kennedy Dr. N. Redington Beach, FL	N. Redington Beach, FL 33708
Vice-Pres	ALVIN LAY	2641 Stallion Rd.	Cantonment, FL 32533
Secy Tres	Ginger LAY	1426 Glenview Rd.	Palm Harbor, FL 34683
REINSTATEMENT 97-98			
G. Alar			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Daniel Kasaris 360 Central Ave. Suite 1320 St. Pete, FL 33731	Name Daniel Kasaris Street Address (P.O. Box Number is Not Acceptable) 3643 1st Ave. N. Suite, Apt. #, Etc. City St. Petersburg State FL Zip Code 33713

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 [Signature] Date 3/8/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Virginia (Ginger) LAY 3-9-98 (813) 789-8756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (1/98)