

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000051585

1. Corporation Name

STREET WIZE INC.

Principal Place of Business

2484 SANFORD AVE  
SANFORD FL 32771

Mailing Address

2484 SANFORD AVE  
SANFORD FL 32771

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

06/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3324829

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	ZLOKAS, ROBERT A	2484 SANFORD AVE	SANFORD FL 32771

700009293187  
12/02/02-01033-014 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZLOKAS, ROBERT A  
2484 SANFORD AVE  
SANFORD FL 32771

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Robert A. Zlokas*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-26-02

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:

*Robert A. Zlokas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-26-02 407-321-5015



Being The corporate officer of STREETWIZE INC.  
I'm Requesting to Reinstate my Corporate status.  
I did not receive the first or second Request  
to File before the deadline.

I've Enclosed a check For 150.00 Asking to  
Reinstate. I Sincerely Hope These Penalties Can  
Be waived. This Corporation HAS BEEN Active  
Since 1995 I would not want to Corporation  
to be dissolved.

Thank You

*Robert A Zlotas*

Robert A Zlotas