

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000063443**

1. Corporation Name

**ZERO ONE REALTY, INC.**

Principal Place of Business

4311 A WEST VINE ST  
KISSIMMEE FL 34746  
US

Mailing Address

4311 A WEST VINE ST  
KISSIMMEE FL 34746  
US

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

Suite, Apt. #, etc.

16 North Clyde Ave

City & State

Kissimmee FL

Zip

34741

Country

USA

Suite, Apt. #, etc.

16 North Clyde Ave

City & State

Kissimmee FL

Zip

34741

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/1995

5. FEI Number

59-3336012

Applied For

Not Applicable

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
PD	AL-ZABEN, ALI	4311 A WEST VINE ST	KISSIMMEE FL 34746
VSD	WILLIS, THOMAS F	4311A WEST VINE ST	KISSIMMEE FL 34746
VTD	IBBERSON, DAVID	4533 W IRLO BRONSON HWY	KISSIMMEE FL 34746
VPO	WILLIS, SHARON	4311A WEST VINE ST	KISSIMMEE FL 34746
			200005300992-6 -06/21/02--01036--004 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

WILLIS, SHARON  
725 JAYBEE AVE.  
DAVENPORT FL 33837

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Sharon Willis*

REGISTERED AGENT MUST SIGN

Date

6/6/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas F. Willis*

Date

6/6/02

Daytime Phone #

CR2E040 (8/01)