

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



97-99 AR
FLORIDA DEPARTMENT OF STATE
Sandra L. Ham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 24 AM 9:36

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000079033

1. Corporation Name

Ground Zero Communications, Inc.

Principal Place of Business

Mailing Address

~~118 N. Homestead Boulevard~~
~~Homestead, Florida 33030~~

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

2. New Principal Office Address, If Applicable

70 N.E. 3rd Street

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/95

Suite, Apt. #, etc.

5. FEI Number

65-0623929

Applied For

Not Applicable

City & State

Florida City

City & State

Florida

Zip

33034

Country

US

Zip

Country

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)

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
D/P	Fiallos, Matthew T.	70 N.E. 3rd Street	33034 Florida City, Florida
D/T	Fiallos, Ignacio	999 G Hamilton Drive	33034 Homestead, Florida

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-08/09/99--01089--016
***1050 00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Fiallos, Matthew T.
28714 S. Dixie Highway
Homestead, Florida 33030 US

Name

Michael J. Marcus

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

317 N. Krome Avenue

Suite, Apt. #, Etc.

City

Homestead,

State

FL

Zip Code

33030

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

Michael J. Marcus

REGISTERED AGENT MUST SIGN

Date

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael J. Marcus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 (305) 246-0322
Date Daytime F. phone #

CR2E040 (1-98)