

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 NOV 24 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069889

1. Corporation Name

ZEBRA STRIPES, INC.

Principal Place of Business

915 N.W. 7TH STREET
DANIA FL 33004

Mailing Address

915 N.W. 7TH STREET
DANIA FL 33004



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1996

5. FEI Number

59-3397642

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Daniel L. D. Healy	915 NW 7th St	Dania FL 33004
g/v/t	Joseph L. Healy	915 N W 7th St	Dania FL 33004
			900002361329-3 -12/02/97-01092-003 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

HEALY, STEVEN M
3907 VENICE DRIVE
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

Joseph L Healy

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

915 N W 7th St

Suite, Apt. #, Etc.

City

Dania

State

FL

Zip Code

33004

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

Joseph L Healy

REGISTERED AGENT MUST SIGN

Date

11/17/97

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:

Joseph L Healy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/97

Daytime Phone #

954 527 0602