## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT** # 1. Corporation Name

P96000081223

## ZERVAS INCORPORATED

Principal Place of Business ROADHOUSE 511 S. HIGHWAY 27 LAKE WALES FL 33853

Malling Address

511 S. HIGHWAY 27

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If above addresse:	s are incorrect in any way, line t			enter correction below.		rated or Qualified		<del></del>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 09/30/1996						
City & State					5. FEI Number			Applied For		
		City & State				59.340187			Not Applicable	
Zip Country		Zip	Zip Count		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status				onal Fee required ficate of Status	
7. Names and Street	of Addresses of Each Officer an	d/or Director (Fig	orida nonprofit c	orporations must list at	least 3 directors)				. 72,71. 15	
Title(s)	Name of Officers and/or Directors			Street Address of Ea Officer end/or Direct 3 (Do NO) Use Post Office Bo.		City / State / Zin				
PKGS.	Spiros ZER	V05	150	BURNS	AVE. 496	LK. WALES. FL. 33853				
				ATEMEN	32	12-3	0-9	. フ		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
MACCONNELL, GEORGE T ESQUIRE 513 W. CENTRAL AVENUE WINTER HAVEN FL 33880				Street Address 511 Sou Suite, Apt. #, E						
46 1 5-1		····		Lake Wa	les		FL		853	
Signature of Registered Agent	of the registered agent of the at	ove named corpo			obligations of Section	Dale December Dale	ber 15	, 19	997	
	poration owes or h le Personal Proper				Í № 🗆		other side for intangit			
12. I certify that I am this reigntatemen	an officer or director or the rece t application, the roason for diss	iver or trustee en olution has beon	npowered to exe eliminated, the	ocule this application as	s provided for in chapt	er 607 or 617, F.S. Section 607 0401 o	I further ce	rtify tha	it when filing	

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:

Spiros Zervos

PRes. 12/15/97

(941)679-9883 Dayling Phone #