

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



97-18 AR
FLORIDA DEPARTMENT OF REVENUE
Sandra B. Montanari
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 22 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092709

1. Corporation Name

TEZMAC, INC

Principal Place of Business

Mailing Address

50 COCONUT ROW
PALM BEACH, FL 33480

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

2. New Principal Office Address, If Applicable

50 COCONUT ROW P.B. FL

3. New Mailing Office Address, If Applicable

50 COCONUT ROW P.B. FL

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0709377

Applied For

Not Applicable

City & State

PALM BEACH FL

City & State

PALM BEACH FL

Zip

33480

Country

PALM BEACH

Zip

33480

Country

PALM BEACH

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)

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
PRES.	ETHEAN R. CAVAZOS	718 MILL VALLEY PL	WPB FL 33409
SEC.	ETHEAN R. CAVAZOS	718 MILL VALLEY PL	WPB FL 33409

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05/27/98-01047-011

***315.00 ***315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ETHEAN R. CAVAZOS
718 MILL VALLEY PL
WEST PALM BEACH, FL 33409

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/18/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ETHEAN R. CAVAZOS

5/18/98

Date

561-835-0460

Daytime Phone #