

AMENDED 2000
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Amended AR

00 MAR 20 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PA 7000107425*

1. Corporation Name

Tzra, Inc.

2. Principal Office Address

1250 Grape Ave
Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 422933
Suite, Apt. #, etc.

City & State

St. Cloud, Fl 34769

City & State

Kissimmee, Fl 34742

Zip

Country

Zip

Country

34769

Osceola

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/97

5. FEI Number

59-3485018

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth Arzt

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

4454 Campbell Rd

Suite, Apt. #, Etc.

City

Kissimmee, Fl 34746

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	Peggy McGraw	4458 Campbell Rd	Kissimmee, Fl 34746
P	Kenneth Arzt	4454 Campbell Rd	Kissimmee, FL 34746
S	Ferne Arzt	4454 Campbell Rd.	Kissimmee, FL 34746

10. 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:

Kenneth Arzt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00
Date

407-892-0887
Daytime Phone #