

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 24 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000044905

1. Corporation Name

ZION INTERNATIONAL CORPORATION

Principal Place of Business

3601 WIMBLEDON DRIVE  
LAKE MARY FL 32746

Mailing Address

3601 WIMBLEDON DRIVE  
LAKE MARY FL 32746

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/1998

5. FEI Number

59-3130980

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CARTER, WILLIAM A.	4720 PILGRIMS WAY	ORLANDO FL 32808
PVST	CARTER, WILLIAM A.	4720 PILGRIMS WAY	ORLANDO FL 32808
D	JOSEPH CROCE	3601 WIMBLEDON DR.	LAKE MARY FL. 32746
PVST	JOSEPH CROCE	3601 WIMBLEDON DR.	LAKE MARY FL. 32746
			100003457961--4 11/09/00 01011-015 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

CARTER, WILLIAM A  
6120 CASTLEWOOD LANE  
ORLANDO FL 32808

9. Name and Address of New Registered Agent

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

May 1, 2000

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 1 2000 407-333-2036

ZION INTERNATIONAL CORP.

P.O. BOX 948334 MAITLAND, FL 32751 PHONE/FAX (407) 333-2036

THIS IS FIRST NOTICE I HAVE EVER RECEIVED.

I AM MAILING THIS, AS REQUIRED

Joseph Carter  
William A. Carter