

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000047969**

1. Corporation Name

**ZACHARY, INC.**

Principal Place of Business

P.O. BOX 786  
OKEECHOBEE FL 34973

Mailing Address

P.O. BOX 786  
OKEECHOBEE FL 34973

**REINSTATEMENT**

**FILED**  
03 OCT 30 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/26/1998**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0840708**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	WHITE, ZACHARY	P.O. BOX 786	OKEECHOBEE FL 34973

000024266330  
10/30/03--01008--021 \*\*750.00

8. Name and Address of Current Registered Agent

WHITE, ZACHARY  
1306 SW 10TH AVE.  
OKEECHOBEE FL 34972

9. Name and Address of New Registered Agent

Name

**ZACHARY WHITE**

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

**925 S.E. 23RD ST.**

Suite, Apt. #, Etc.

City

**OKEECHOBEE**

State

**FL**

Zip Code

**34974**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

Date **10/14/03**

REGISTERED AGENT MUST SIGN

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/14/03**

Date

**863-610-4367**

Daytime Phone #

CR2E040 (7/03)