

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 28 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



11212006 REIN-P CR2E098 (11/05) *06*

DOCUMENT # P98000053886

1. Entity Name
SBZZ OF WINTER PARK, INC



Principal Place of Business
190 EAST MORSE BOULEVARD
WINTER PARK, FL 32789

Mailing Address
C/O BROWN HARRIS STEVENS
770 LEXINGTON AVENUE 5TH FL
NEW YORK, NY 10021

2 Principal Place of Business		3 Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country

4 FEI Number
58-2401225

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM ATTERBURY
ALLEY MAAS ROGERS & LINDSEY PC
340 ROYAL POINCIANA SUITE 321
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling)

Signature typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b) F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZECKENDORF ARTHUR 770 LEXINGTON AVE NEW YORK, NY 10021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZECKENDORF WILLIAM L 770 LEXINGTON AVE NEW YORK, NY 10021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWIG, KENT 770 LEXINGTON AVE NEW YORK, NY 10021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURRIS, DAVID 770 LEXINGTON AVE NEW YORK, NY 10021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
800082819018 12/28/06--01026--032 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address with all other like empowered

SIGNATURE: *Arthur Zeckendorf* *Managing Member*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/06 312-956-9200