

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 24 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000100232**

1. Corporation Name

**ZENEKS, INC.**

Principal Place of Business

Mailing Address

730 SOUTH STERLING AVE 300  
TAMPA FL 33609

PO BOX 10596  
TAMPA FL 33679

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

11/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3543717

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
P	HOUNCHELL, CHARLES A	730 SOUTH STERLING AVE STE 300	TAMPA FL 33609
VP	Lynch, Barbara A	730 South Sterling Ave Ste 300	Tampa FL 33609

800024092278  
10/24/03--01067--025 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOUNCHELL, CHARLES A  
730 SOUTH STERLING AVE STE 300  
TAMPA FL 33609

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

102103

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]* CHARLES A. HOUNCHELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

102103 8132513135

CR2EQ40 (7/03)



medical cost management

p.o. box 10596  
tampa, florida 33679

tel 813.251.3135 ~ 877.302.3787  
fax 813.353.0506

October 21, 2003

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314-6327

Re: Document # P98000100232  
Corporation Name: Zeneks, Inc.

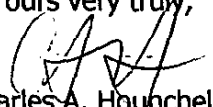
To whom it may concern:

Please be advised that upon our receipt of the Florida Department of State Notice of Administrative Dissolution or Revocation, an in-depth search of our records was conducted and no record of receipt of a Uniform Business Report for the year 2003 was found.

Pursuant to recorded instructions, please accept this as our request for reinstatement and waiver of the reinstatement fee. Enclosed you will find our check, #5263, dated October 21, 2003, for the total amount of \$150.00 representing payment of the 2003 UBR filing fee.

Thank you for your cooperation in this matter. If you should have any questions concerning this payment, please do not hesitate to contact me at any time.

Yours very truly,

  
Charles A. Houchell  
President

CAH/bay  
Enclosure