

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB 14 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003899

1. Corporation Name

Zerolet, Inc.

2. Principal Office Address

10 Evergreen Dr.

Suite, Apt. #, etc.

City & State

Lake Park, FL

Zip

33403

Country

Palm Beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

1/13/99

5. FEI Number

65 0886405

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

John D. Kurtz

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

388 South Military Trail

Suite, Apt. #, Etc.

City

West Palm Beach,

State

FL

Zip Code

33415

400002768744-5  
-02/26/01--01152--003  
\*\*\*\$900.00 \*\*\*\$900.00

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

REGISTERED AGENT MUST SIGN

Date 1/31/01

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
P/T/C/M	W. Scott Hammond	10 Evergreen Dr.	Lake Park, FL 33403
VP/D	Thomas Hayes	1550 Smuggler Cove	Vero Beach, FL 32963
SID	Lin Brett	10 Evergreen Dr	Lake Park, FL 33403
D	John Marshall	525 S. Flagler Dr #10-C	West Palm Beach 33401
D	Gail Ensinger	7825 Wilton Crescent	University Park, FL 34201
D	Fred Stolle	19355 Turnberry Way #26	Adventure, FL 33180

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/01 561-881-8189

Date

Daytime Phone #

CR2E081 (9/00)