

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000003899

1. Entity Name
ZEROLET, INC.



FILED
2006 NOV -6 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3434 INDUSTRIAL 33RD ST
FORT PIERCE, FL 34946

Mailing Address
3434 INDUSTRIAL 33RD ST
FORT PIERCE, FL 34946

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10232006 REIN-P CR2E098 (11/05)

4. FEI Number
65-0886405

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KURTZ, JOHN D
388 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/1/06

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HAYES, THOMAS E
STREET ADDRESS 1550 SMUGGLERS COVE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition
NAME 500081871765
STREET ADDRESS 11/16/06--01069--001 **750.00
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ZILKA, PAUL
STREET ADDRESS P.O. BOX 1495
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME PONS, WILLIAM
STREET ADDRESS P.O. BOX 677399
CITY-ST-ZIP ORLANDO, FL 32867

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SAYLOR, EDWARD
STREET ADDRESS 8323 CHINABERRY RD
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LUMBERT, STEVEN
STREET ADDRESS P.O. BOX 1031
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11:02.06

Date

772-461-2456

Daytime Phone #