APPLICATION RENSET JEMENT Principal Place of Business FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS Principal Place of Business FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 00 NOV 27 PM 4: 16	RM.				 					
DOCUMENT # P99000034225 1. Corporation Name RZS ENTERPRISES, INC.	FILED TARY OF STATE OF CORPORATIONS	JEURETARY OF STATE		Katherine Ha		JOR	CATION TEMEN	APPLI	RI	
	27 PM 4:16	00 NUV 27 PM 4:16			00342	P99000				
Principal Place of Business Mailing Address	American de la constante de la					S, INC.	ERPRISES	ZS ENT	RZ	
A MARINAGE DISTRIBUTION OF THE PROPERTY OF THE				Mailing Address 936 S HOWARD AVE STE E TAMPA FL 33606			Business	cipal Place o	Princ	
936 S HOWARD AVE STE E 936 S HOWARD AVE STE E TAMPA FL 33606 TAMPA FL 33606										
N 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 To Do Business in Florida		Date Incorporated or Qualified To Do Business in Florida								
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For					Suite, Apt. #			te, Apt. #, etc	Suite	
City & State	Not Applicable	6				Times		& State	City	
Zip Country Zip Country CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		\$8.75 Additional Fee requi		Country	Zip	гу	Countr		Zip	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each		n	et Address of Each	Stre	or Director (Flo	lame of Officers	N	Names and S	7. N	
1 3 4	Sity / State / Zip	4	Officer and/or Director		for Directors			tle(s) 2		
D ZALEWSKI, RICHRD 936 S HOWARD AVE STE E TAMPA FL 33606		TAMPA FL 33606				RD	Lewski, Richi	Z	D	
D IVAN SANTOS 506 N. HABANA AUC. Tampa FL 33609	33.09	FACIANA AUC. TAMPA FL 33609				SANTOS	VAN)]		
D Lynn Stair 1003 Bloom Hill Ave. Valrico, FL 33592/	1 33592/ = 100	7000034913874 -12/08/0001024005				air	lwn Sta) L	Ţ	
700034913874 -12/08/0001024005 -12/150 00 00044150 00	913874 9-01024005				,					
****150.00 (****150.00) (7)5	\h \n\r \ -	 			*****		-			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	stered Agent	9. Name and Address of New Regi		ent	Registered Age	ddress of Current F	8. Name and A			
ZALEWSKI, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7	State Zip Code				TAL DAIGUL DIGUADO					
936 S HOWARD AVE STE E	CR2E04				936 S HOWARD AVE STE E					
TAMPA FL 33606 City State Zip Code	State 17in Code		Suite, Apt. #, Etc.				33606	TAMPA FL	•	
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.	FL I	abligations of Section 607.0505, F.S.								
Signature of Registered Agent Registered Agent MUST SIGN Date 11-4-00	00 = 00	proof 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 tion, 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 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 and accurate, and my signature shall have the same legal effect as if made under oath.								
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.	further certify that when filing r 617.0401, F.S., that all fees , F.S. The information indicated									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		OCT 18 19 G () Date	RECTOR	SIGNING OFFICER OR E	AFED NAME OF	E AND TYPED OR PRI		GNATUF	SIG	

RZS ENTERPRISES INC.

OCTOBER 18, 2000

STATE OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FLORIDA 32314-6327

TO WHOM IT MAY CONCERN:

OVER THE PAST FEW MONTHS MY MOTHER HAD FINALLY LOST HER BATTLE WITH CANCER, I HAD BEEN FLYING FROM FLORIDA. TO CHICAGO TO BE BY HER SIDE, BECAUSE OF THIS I WAS UNABLE TO FILE WITHIN THE SUGGESTED TIME LINE, AS THE ONLY NOTICE RECEIVED WAS THAT OF REVOCATION. ENCLOSED YOU WILL FIND ALL NECESSARY PAPER WORK TO REINSTATE RZS ENTERPRISES BACK TO ACTIVE STATUS.

SINCERELY

RICHARD J ZALEWSKI

RZS ENTERPRISES INC