

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 27 PM 4:16

DOCUMENT # P99000034225

1. Corporation Name

RZS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

936 S HOWARD AVE STE E  
TAMPA FL 33606

936 S HOWARD AVE STE E  
TAMPA FL 33606



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

04/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	ZALEWSKI, RICHARD	936 S HOWARD AVE STE E	TAMPA FL 33606
D	IVAN SANTOS	506 N. HABANA AVE.	Tampa, FL 33609
D	LYNN STAIR	1003 Bloom Hill Ave.	Valrico, FL 33594

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZALEWSKI, RICHARD  
936 S HOWARD AVE STE E  
TAMPA FL 33606

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.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11-4-00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 18 1980  
Date

813  
254-1246  
Daytime Phone #

CR2040 (8/00)

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**RZS ENTERPRISES INC.**

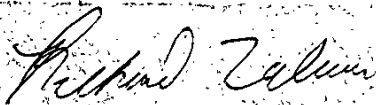
OCTOBER 18, 2000

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.**