

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 NOV -3 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

Not Incorporated or Qualified
To Do Business in Florida

04/12/1999

5. FEI Number

59-3686074

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZALEWSKI, RICHARD	936 S HOWARD AVE STE E	TAMPA FL 33606
D	SANTOS, IVAN	506 N HABANA AVE	TAMPA FL 33609
D	STAIR, LYNN	1003 BLOOM HILL AVE	VALRICO FL 33594

300024382543
11/03/03--01073--015 **150.00

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

RZS Enterprises
936 S Howard Ave Ste E
Tampa, FL 33606

October 25, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

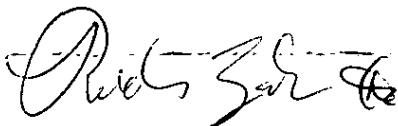
Re: Doc # P99000034225

Dear Sir or Madam:

Please accept my appeal for reinstatement for RZS Enterprises, FEIN 59-3686074 . The building that houses my company was closed for renovations and I did not receive the notice to renew until this month. I called the Department of State and was advised to submit an appeal along with a check for \$150.00, which I have enclosed.

Thank you for your assistance in this matter.

Regards,

A handwritten signature in black ink, appearing to read "Richard Zalewski", with a stylized flourish at the end.

Richard Zalewski

enclosure