

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**

02-03 UBR  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:21

DOCUMENT # P99000041832

1. Corporation Name

**ZEPHYR (FLORIDA) INC.**

2. Principal Office Address

**C/O SWOPE LAMBERSON**

Suite, Apt. #, etc.

**8955 FONTANA DEL SOL WAY**

City & State

**NAPLES FL**

Zip

**34109**

Country

3. Mailing Office Address

**C/O SWOPE LAMBERSON**

Suite, Apt. #, etc.

**P.O. BOX 111419**

City & State

**NAPLES FL**

Zip

**34108-0124**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**5-7-99**

5. FEI Number

**59-3575054**

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

**LAMBERSON, JANE E.**

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

**8955 FONTANA DEL SOL WAY**

Suite, Apt. #, Etc.

City

**NAPLES**

500018469685  
05/07/03--01122--005 \*\*150.00  
500018469685  
05/07/03--01122--005 \*\*150.00  
FL 34109

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

*Jane E. Lamberson*

Date

**4/25/03**

REGISTERED AGENT MUST SIGN

**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 Officers and/or Director	City/State/Zip
PVST	LAMBERSON, JANE E	8955 FONTANA DEL SOL WAY	NAPLES, FL 34109
D	LAMBERSON, JANE E	8955 FONTANA DEL SOL WAY	NAPLES, FL 34109

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:

*Jane E. Lamberson President*  
JANE E. LAMBERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/25/03**

239-262-0170

Daytime Phone #

5/16

212

**ZEPHYR (FLORIDA) INC.**

RECEIVED  
DEPARTMENT OF STATE

P.O. Box 111419

Naples, FL 34108-01243 MAY -5 PM 2:13

(239) 262-0170

DIVISION OF ELECTIONS  
TALLAHASSEE, FLORIDA

April 9, 2003

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

**Re: Waiver of Florida Annual Report Reinstatement Fee**

To Whom It May Concern:

We request a waiver of the Florida annual report reinstatement fee for Zephyr (Florida) Inc. The firm relocated in September, 2001 and did not receive the 2002 Uniform Business Report form.

Please contact me if you have any questions.

Sincerely,

**ZEPHYR (FLORIDA) INC.**

*Jane E. Lamberson*

Jane E. Lamberson  
Certified Public Accountant

JEL/slj

Enclosures