		PI	LEASE REA	.D ALL INS [‡]	ÍRŮĈT	IONS BEFOR	RE COMP	LETING THIS F	ORM.	1
DOCUMENT # P90000041832 1. Corporation Name 2EPHYR (FLORIDA) INC. 2. Principal Office Address 2. Principal Office Ad	RE	ORPORA	TION	· · · · · ·	·			FILED SECRETARY OF S DIVISION OF CORPO	STATE RATIEVS	
ZEPHYR (FLORIDA) INC. 2. Principal Office Address C/O SWOPE LAMBERSON Suite, Apr. #, etc. Suite, Apr. #,				1832				Ñ2 LIH1		
2. Principal Office Address C/O SWOPE LAMBERSON Suite, Apt. 8, etc NAPLES FL APLES FL APPLES FL APPL	j									
C/O SWOPE LAMBERSON Suite, Apt. 4, etc. Solide, Apt. 4, etc. NAPLES.FL NAPLES.FL NAPLES.FL NAPLES.FL NAPLES.FL NAPLES.FL NAPLES.FL NAPLES.FL Solide, Apt. 4, etc. NAPLES.FL NAPLES.FL NAPLES.FL NAPLES.FL NAPLES.FL Solide, Apt. 4, etc. Solide, Apt. 4	ZEPHY	YR (FLOF	RIDA) INC.					,	ř	
Sure Apt. 4, etc. 89SS FONTANA DEL SOL WAY P.O. BOX 111419 City 8 State NAPLES FL NAPLES FL NAPLES FL NAPLES FL 7, Name and Address of Current Registered Agent Name LAMBERSON, JANE E. Sired Address of Do Box humber is Not Acceptable. Signature of Registered Agent Of State (Florida proportion, an familiar with and accept the obligations of section 6ti7 (1506 or 617-0503, F.S.) Recistres Agent Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9, Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Current Registered Agent PL 34109 8. 1. being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 6ti7 (1506 or 617-0503, F.S.) Signature of Registered Agent PL 34109 8. 1. being appointed for the registered agent of the above named corporation, an familiar with and accept the obligations of section 6ti7 (1506 or 617-0503, F.S.) Registered Agent PL 34109 8. 1. being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 6ti7 (1506 or 617-0503, F.S.) Registered Agent Place Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 10. Lamberson, JANE E. 8955 FONTANA DEL SOL WAY. NAPLES, FL 34109 10. Lamberson, JANE E. 8955 FONTANA DEL SOL WAY. NAPLES, FL 34109 10. Loertly that I am an officer or director or the receiver or trustee empowered to execute this application, as provided for in chapter 6to or 6t, F.S. I flurther centify that when fing this remainsterned application, the reason for dissolution has been eleminated, the corporation and assasses he requirements of section 6th. Total or 6th. Total elections of the execute or this application has been eleminated, the corporation from or on quality for or on quality for or or or quality for or	Principal Office Address 3. Mailing Office Address									
8955 FONTANA DEL SOL WAY P.O. BOX 111419 City & State NAPLES FL Country Applied For NAPLES FL Sol Country 34109 7. Name and Address of Current Registered Agent Name LAMBERSON, JANE E. Street Address (P.O. Box Number is Not Acceptable) Suite. Aot #. Etc. City NAPLES 8. 1. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607, 6565 or 617,0503, F.S. Signature of Registered Agent Name C. City Name and Corporation must list at least 3 circctors) PVST LAMBERSON, JANE E. 8955 FONTANA DEL SOL WAY Name C. City/State/Zip Name C. City/State/Zip Name C. City/State/Zip Name C. Signature of Officers and/or Director (Florida nonprofit corporation as provided for in chapter 607 or 617, F.S. Inuther certify that when filing this remailatement application, the residence of resolution has been eleminated, the corporate and sealing here is all linears or requirements of section for Option and control on the provided for in chapter 607 or 617, F.S. Inuther certify that when filing this remailatement application, the residence for dissolution has been eleminated, the corporation as provided for in chapter 607 or 617, F.S. Inuther certify that when filing this remailatement application, the residence for dissolution has been eleminated, the corporation ame asiders be requirements of section for Option on the provided for the chapter 607 or 617, F.S. Inuther certify that when filing this remailatement application, the residence of dissolution has been eleminated, the corporation ame asiders files for the registered asider. 10. Learlity 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. Inuther certify that when filing this remailatement application, the residence of dissolution has been eleminated, the corporation ame asiders for the requirements of section for Option or the section filing the section for the provided for the provided for th	C/O SWOPE LAMBERSON C/O				OPE LA	MBERSON				
### ROSE FONTANA DEL SOL WAY P.O. BOX 111419 Society & State St. FEI Number St. FEI	Suite, Apt. #, etc. Suite, Apt				#, etc.		A Date	Incorporated or Qualified		
APLES FL Zip Zip Zip Zip Zip A108-0124 7, Name and Address of Current Registered Agent Name LAMBERSON, JANE E. Street Address (PC. Box Number is Not Acceptable) 8955 FONTANA DEL SOL WAY Suite, Act #, Etc. City NAPLES 8. Using appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607,050s or 617,050s, F.S. Signature of Registered Agent MUST SIGN 9. Names and Street Address of Differs and/or Director (Florido nonprofit corporations must list at least 3 directors) REGISTERED AGENT MUST SIGN 9. Names and Street Address of Each Officer and/or Director (Florido nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Differs and/or Directors Name of Officers and/or Directors Differs and/or Directors Name of Officers and/or Directors Differs and/or Directors Differs and/or Directors Name of Officers and/or Directors Differs and/or Directors Differs and/or Directors 10. Leafly that I am an efficer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 of 617, E.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name subtiles the requirements of section 607, 0401 or 617, 0401, F.S. I, 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)0, F.S. The information indicated on this application is true and accurate, and my singature shall have the same legal effect as it made under capt. **TARMAL ALL ALL ALL ALL ALL ALL ALL ALL ALL									5-7-0	19
Zip Country 5.35.75.18.13 34109 Towns and Address of Current Registered Agent Name LAMBERSON, JANE E. Street Address (PO. Box Number is Not Acceptable) 8955 FONTANA DEL SOL WAY Suite, Apt. 4, Etc. City NAPLES 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. Cignature of Registered Agent MUST SIGN 9. Names and Street Addresses of Each Officer andlor Director (Florida nonprofit corporations must list at least 3 circctors) Titles Name of Officers andlor Directors Name of Officers andlor Director of the sective or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Hutther centry that when filling this reinstallance that application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 677,0401 or 617,0401 or 6				.,			1			Applied For
Name LAMBERSON, JANE E STOPPONT State PE PE PE PE PE PE PE P		.S.F.L	Country .		5 F.L.	Country		5054		
Name LAMBERSON, JANE E Street Address (P.O. Box Number is Not Acceptable) Syst FONTANA DEL SOL WAY Suite, Apt. #, Etc. SUDD 1 8 4 5 9 5 85 City NAPLES 8. t, 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Officers and/or Directors Officers and/or Directors Name of Officers and/or Directors Officers and/or Directors Name of Officers and/or Directors Officers and/or Directors Officers and/or Directors Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Director 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. Tall affects own 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)(6, F.S. The information indicated on this special have the same legal effect as if made under certification. **TAXALAL** **TAXALAL** SIGNATURE: **CALMBERSON** **JASTOR** **JASTOR** SIGNATURE: **CALMBERSON** **JASTOR** **	34109			34108-01	124			FICATE OF STATUS DESIRED	for a Certif	onal Fee required ficate of Status
LAMBERSON, JANE E. Street Address (P.O. Box Number is Not Acceptable) 8955 FONTANA DEL SOL WAY Suite, Apr. #, Etc. SDDDD1 8 4 5 9 5 8 5 DS/07/03 01 122 0105 ##15 1, 000 Suite, Apr. #, Etc. SDDD01 1 8 4 5 9 5 8 5 City NAPLES 8. 1, 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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Director Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors) 10. LAMBERSON, JANE E 8955 FONTANA DEL SOL WAY NAPLES, FL 34109 10. LAMBERSON, JANE E 8955 FONTANA DEL SOL WAY NAPLES, FL 34109 10. LAMBERSON, JANE E 8955 FONTANA DEL SOL WAY NAPLES, FL 34109 11. Signature of 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)(), F.S. The information indicated on this application is true and accurate what have the same legal effect as if made under oath. FALLAGLES SIGNATURE: TOWER Address (1976) SIGNATURE: TOWER Address (1976) SIGNATURE: TOWER Address (1976) SIGNATURE: Tower and the street of the corporation have been paid and the names of individuals listed on this form do not qualify of an exemption under section 119.07(3)(), F.S. The information indicated on this application is true and accurate when the wave the same legal effect as if made under oath. FALLAGLES SIGNATURE: Tower and the street of the corporation have the same legal effect as if made under oath.	•			7. N	lame and Ad	dress of Current Rec	gistered Agent			
Street Address (PO. Bax Number is Not Acceptable) Sune. Apt. #, Etc. SUDDO 1 8459585 City NAPLES 8. 1, 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 Registered Agent Registered Agent Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) PVST LAMBERSON, JANE 8955 FONTANA DEL SOL WAY NAPLES, FL 34109 10. Leartify 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 if fees owed by the corporation has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. that if fees owed by the corporation has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. that in fees owed by the corporation have been paid and the names of individuals listed on this form on ond qualify for an exemption under section 119,07(3)(), F.S. The information indicated on this application is true and accurate valual thrus the same legal effect as if made under oath. FALLAGUAL SIGNATURE: **CAULE HUMBERSON** JANE E, LAMBERSON** LAMBERSON** 239-262-0170										
Suries, Apt. 4, Etc. SDIDE 13 46 96 85 City NAPLES 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors Name System Address of Each Officers and/or Directors Name System Address of Each Officers and/or Directors Name of Officers and/or Directors Name System Address of Each Officers Name System Address of Each Officers Name System Address of Each Officers		Street Address (P.O. Box Number is Not Acceptable)								
City NAPLES 8. 1. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,050s or 617,050s, F.S. Signature of Registered Agent Acceptance of Re		8955 FONTANA DEL SOL WAY U5/07/0301122005 **150, 00								
NAPLES FL 34109		500018469685								
8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503, F.S. Signature of Registered Agent COULE. A WILLIAM DEL SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Naptes, FL 34109 10. Lamberson, Jane E 8955 Fontana Del Sol Way Naples, FL 34109 10. Icertify 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. Infurther certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607, 0401 or 617, 0401 r. S., that all fees owed by the corporation have been paid and the names of individuals listed on from ont or 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 cath. SIGNATURE: COULE ACADAMAN JANE E. LAMBERSON U125103 239-262-0170										
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	8. 1, beir			of the above named	corporation,	am familiar with and a	accept the obligat		617.0503, F.S	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	Signature	of \bigcirc	Muns.	41000	11/11	20			-102	381 (10
Name of Officers and/or Directors Officers and/or Director Naples, FL 34109 10. Learlify 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 filling 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: COULE-Hambleway Freedom 1900 of 1900 o	Registered Agent CTUUCC. AUTOCOUNT Date 4/25/05									
PVST LAMBERSON, JANE E 8955 FONTANA DEL SOL WAY NAPLES, FL 34109 10. Lertify 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 filling 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 towed 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: ONE HAMBERSON U125103 239-262-0170	9. Name	es and Street /	Addresses of Each O	fficer and/or Directo	r (Florida no	nprofit corporations m	ust list at least 3 o	directors)		
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 filling this reinstaltement 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)(1), 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: ONE HAMBERSON 4125103 239-262-0170							City	City/State/Zip		
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 filling 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: ONLE-MANULUM JANE E. LAMBERSON 4125103 239-262-0170		- Cinders arrange Encoding				Omocia andioi bit				
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 filling 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: ONLE-HAMBERSON 412-5103 239-262-0170	PVST	LAMBERSON, JANE E 8955 FONTANA				ONTANA DEL S	SOL WAY	NAPLES, FL 34	1109	
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 filling 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: ONLE-HAMBERSON 412-5103 239-262-0170	D	LAMBERSON, JANE E			8955 FONTANA DEL SOL WAY			NAPLES, FL 34109		
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 path. SIGNATURE: ONLE: Manufectual Jane E. Lamberson 4125/03 239-262-0170	~				0,000		<u> </u>			
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: AULE: LAMBERSON 4125103 239-262-0170		 	·	 						
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: AULE: LAMBERSON 4125103 239-262-0170	}						•			,
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: AULE: LAMBERSON 4125103 239-262-0170										
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: AULE: LAMBERSON 4125103 239-262-0170										
SIGNATURE: CYON E. HUNGOW JANE E. LAMBERSON 4125/03 239-262-0170	when f 617.04	filing this reins 101, F.S., that	statement application all fees owed by the	i, the reason for diss corporation have be	solution has leen paid and	been eliminated, the co the names of individual d accurate, and my sign	orporate name sa als listed on this f nature shall have	itisfies the requirements of some do not qualify for an ex-	ection 607.040	31 or section
	SIGNAT	J, 12.		anber R PRINTED NAME OF		NE E. LAMBER				0

ンン

ZEPHYR (FLORIDA) INCELVED

P.O. Box 111419 Naples, FL 34108-01243 MAY -5 PM 2: 13 (239) 262-0170

UNISION 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.

Come E. Moleson

Jane E. Lamberson Certified Public Accountant

JEL/sli

Enclosures