

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN 10 PM 3:15

DOCUMENT # P99000062228

1. Corporation Name

ZEBRA COMPUTERS INCORPORATED

Principal Place of Business

Mailing Address

4000 SW 53 STREET STE 8
FT LAUDERDALE FL 33314

4000 SW 53 STREET STE 8
FT LAUDERDALE FL 33314

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1999

5. FEI Number

65-0934443

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	ESCAVERINO, DANAY	4000 SW 53 STREET STE 8	FT LAUDERDALE FL 33314
D	ESCAVERINO, EUGENIO	4000 SW 53 STREET STE 8	FT LAUDERDALE FL 33314
D	VALDES, PHILLIP	4000 SW 53 STREET STE 8	FT LAUDERDALE FL 33314

8. Name and Address of Current Registered Agent

ESCAVERINO, DANAY
4000 SW 53 STREET STE 8
FT LAUDERDALE FL 33314

9. Name and Address of New Registered Agent

Name

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

7151 Lee Street

Suite, Apt. #, Etc.

City Hollywood

State FL

Zip Code

33024

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

Danay Escanaverino
REGISTERED AGENT MUST SIGN

Date 1/4/01

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:

Danay Escanaverino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2001

Date

954-316-5816
Daytime Phone #

CR2E040 (8/00)