

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR



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

FILED

00 NOV -7 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063516

1. Corporation Name

IZONE.COM, INC.

Principal Place of Business

Mailing Address

281 E DOUGLAS RD
OLDSMAR FL 34677

281 E DOUGLAS RD
OLDSMAR FL 34677

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

PO BOX 1154

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3592403

Applied For

Not Applicable

City & State

City & State

OLDSMAN FL

Zip

Country

Zip

Country

34677

FLORIDA

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
PRES	Michael E. Wuerzt	110 Woodglan	OLDSMAN, FL 34677
SEC	Gail Wuerzt	110 Woodglan	OLDSMAN, FL 34677
EXEC VP	JEFF SICILIO	281 DOUGLAS AVE	OLDSMAN, FL 34677

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WUERTZ, MICHAEL E
110 WOODGLEN CT
OLDSMAR FL 34677

Name

WUERTZ, MICHAEL E.

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

281 DOUGLAS AVE

Suite, Apt. #, Etc.

City

OLDSMAN

State

FL

Zip Code

34677

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

Michael E. Wuerzt
REGISTERED AGENT MUST SIGN

Date

10-25-00

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:

Michael E. Wuerzt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-00

Daytime Phone #

813-818-9660

CR2E040 (8/00)



IZONE.COM, INC.
PO Box 1154
Oldsmar, Florida 34677
(813)-818-9663

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FLORIDA 32314

To Whom It May Concern:

ENCLOSED IS THE APPLICATION FOR REINSTATEMENT FOR IZONE.COM INC. THE ORIGINAL WAS SENT TO YOU ON JAN 12, 2000 VIA US MAIL REGISTERED AND CERTIFIED. WE HAVE THE RECEIPTS FOR BOTH IN OUR OFFICE.

WE JUST RECEIVED THE NOTICE OF REVOCATION. THIS IS THE FIRST NOTICE WE HAVE EVER RECEIVED. IN TALKING WITH KATHY IN YOUR DEPT. SHE STATED THAT THE ORIGINAL WAS REJECTED IN FEB. OF THIS YEAR. WE NEVER RECEIVED NOTICE OF THIS REJECTION OR ANY SECOND NOTICE, WHICH KATHY SAID, WAS SENT.

I AM ASKING FOR REINSTATEMENT SINCE WE DID FILE ON TIME AND WERE NEVER NOTIFIED OR CALLED ABOUT ANY PROBLEM. IF YOU WISH TO SEE CERTIFIED RECEIPTS THEY CAN BE PROVIDED. PLEASE ADVISE.

VERY TRULY YOURS,

A handwritten signature in cursive script, appearing to read 'm e wurtz', is written over the typed name.

MICHAEL E. WUERTZ, PRES
IZONE.COM, INC.