

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 26 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000079640

1. Corporation Name

ZAHA, INC.

2. Principal Office Address

1219 W. Reynolds St

3. Mailing Office Address

1219 W. Reynolds St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY FLA

City & State

PLANT CITY, FLA

Zip

Country

33566

USA

Zip

Country

33566

USA

**REINSTATEMENT**

00-02

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3599727

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

MICHAEL + MARIA FISHER 500007603275--9

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

1219 W. REYNOLDS STREET

-09/09/02--01067--017

Suite, Apt. #, Etc.

\*\*\*\*600.00 \*\*\*\*600.00

City

PLANT CITY

State

FL

Zip Code

33566

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

Maria Fisher

Date

5/15/02

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 Officer and/or Director	City / State / Zip
<u>President</u>	<u>MICHAEL FISHER</u>	<u>2885 HAMMOCK DR</u>	<u>PLANT CITY FL</u>
<u>Treasurer</u>	<u>MARIA FISHER</u>	<u>3885 HAMMOCK DR</u>	<u>PLANT CITY, FL</u>
<u>V. Pres</u>			<u>33567</u>
<u>Sec</u>			<u>33567</u>
			<u>500007603275--9</u>
			<u>-09/09/02--01067--016</u>
			<u>****450.00 ****450.00</u>

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:

Maria Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02

Date

813 752 7261

Daytime Phone #

CR2E081 (9/01)

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