

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000080328

1. Corporation Name

RZ MANAGEMENT SERVICES INC.

Principal Place of Business

2709 SWAMP CABBAGE CT. #109.
FORT MYERS FL 33901

Mailing Address

2709 SWAMP CABBAGE CT. #109.
FORT MYERS FL 33901

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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/10/1999
C	P.O. BOX 07174	5. FEI Number
	City & State FT. MYERS, FL.	65-0954786
Zip 33919	Country	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED, <input type="checkbox"/>		\$6.75* 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	ZAPIEC, ROBERT	6361 ARAGON WAY APT 102	FORT MYERS FL 33912
			100008386891--8 -10/15/02-01033-004 ****750.00 ****750.00
			100008386891 11/01/02-01070-024 **150.00
			<i>M. W. B.</i>

8. Name and Address of Current Registered Agent

ZAPIEC, ROBERT
6361 ARAGON WAY APT 102
FORT MYERS FL 33912

9. Name and Address of New Registered Agent

Name
ZAPIEC, ROBERT
Street Address (P.O. Box Number is Not Acceptable)
8519 MANDERSTON CT.
Suite, Apt. #, Etc.

City
FT. MYERS
State
FL
Zip Code
33912

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 *[Signature]*

REGISTERED AGENT MUST SIGN

Date *5/02/2002*

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/02/2002
Date
Daytime Phone #