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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 27 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000083925

1. Corporation Name

Zap Technologies, Inc.

2. Principal Office Address
4146 Kingsley Park Court

Suite, Apt. #, etc.

City & State
Duluth, GA

Zip
30096

Country
USA

3. Mailing Office Address
4146 Kingsley Park Court

Suite, Apt. #, etc.

City & State
Duluth, GA

Zip
30096

Country
USA

REINSTATEMENT

02-05

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/22/1999

5. FEI Number
650949967

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
Zoya Shmandura

Street Address (P.O. Box Number is Not Acceptable)
7640 NW 18th Street

Suite, Apt. #, Etc.
#106

City
Margate

State
FL

Zip Code
33063

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

Z Shmandura
REGISTERED AGENT MUST SIGN

Date 01/21/05

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
CEO	Margarita Chernyak	4146 Kingsley Park Court	Duluth, GA
CTO	Oleg Chernyak	4146 Kingsley Park Court	Duluth, GA
CFO	Margarita Chernyak	4146 Kingsley Park Court	Duluth, GA

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: *M. Chernyak* Margarita Chernyak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/05
Date

678-662-3440
Daytime Phone #

CR2E081 (01/05)

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To Whom It May Concern:

Please waive reinstatement fee of \$600 for following corporation due to the fact that corporation has moved in 2002 and never received the renewal card. Thank you so kindly.

Zap Technologies, Inc.
Document number: P99000083925

Kind Regards,

Margarita Chernyak
CEO

M. Chernyak

01/21/05