

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PP9000093600

1. Corporation Name

Zoosmm, Incorporated

2. Principal Office Address - No P.O. Box #

1524 SW 159 Lane

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Zip 33027

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1999

5. FEI Number

75-3253547

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlene Perry-Thorpe

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

1524 SW 159 Lane

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 9/18/07

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
P	Renee Roberts	2700 Coral Springs Dr	Coral Springs FL 33065
VP	Carlene Perry-Thorpe	1524 SW 159 Lane	Pembroke Pines FL 33027
S	Carlene Perry-Thorpe	1524 SW 159 Lane	Pembroke Pines FL 33027
T	Howard Thorpe Sr	1524 SW 159 Lane	Pembroke Pines FL 33027

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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 parties of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:

Renee Roberts 9/18/07 754-245-3452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #