PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham ...EOR REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 525 3.97

SIGNATURE AND TYPED OR PRIN H. P. Byrd

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Corporation Name

Zooworld, Inc.

*00 APR -7 PM 12: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Phone #

Principal Place o	of Business	Mailing Addre	ess									
	Front Beach Road a City Bch, FL 32408	=	Front a Cit			ocial	STAT	Crac		Q _/^	У	
If above address	sses are incorrect in any way, line thro	ugh incorrect in	nformation and	d enter co	orrection below.	LECTE	DIMI	CIVIC	MM	<u>ی ر</u>	\mathcal{L}	
	l Office Address, If Applicable	New Mailing Office Address, If Applicable				4. Date Incorporated or Qualified To Do Business in Florida						
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. FEI Number Applied For					For	
City & State -		City & State · ~~			يمدر من التوادعة	59_3092735 Not Applicable						
Zìp	Country Zip			Country			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status					
7. Names and S	Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofit	corporati	ions must list at lea	ast 3 directors)						
Title(s) Name of Officers and/or Directors			Street Address of Eacl Officer and/or Directo 3 (Do NOT Use Post Office Box I			city / State / Zip						
	es. H. P. Byrd			51 Andalusia Aver			Santa	Rosa	Bch.,	FL	3245	
Dir. James Brodie			140 Muirfield Avo			enue	Dothan), AL	3630	<u>5</u>	_	
						81	0000 -04/ ***	321 48/00 1058.7	373 -01120 '5 ***	8 	75	
							<u> </u>					
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name						
Char:	les S. Isler				Ivanie						10/1	
Panama City, FL 32401					Street Address (P.O. Box Number is Not Acceptable)							
					Suite, Apt. #, Etc.							
					City State Zip Code							
10. 1, being app	ointed the registered agent of the abo	ve named corp	oration, am fa	miliar wit	h and accept the o	bligations of Sec	tion 607.0505,	F.S.				
Signature of Registered Ager	nt Charles D.	GISTERED AG	slu	SIGN			Date _	4-6	-02	>		
11. This o	corporation owes or ha gible Personal Propert	s paid th	e currer	nt yea	ır Yes □	No 🔯			er side for info intangible tax			
12. I certify that	I am an officer or director or the receivement application, the reason for disco	ver or trustee er lution has been names of individ	mpowered to eliminated, the	execute the corpor	rate name satisties	the requirement an exemption ui	s of section bu	7,0401 OF 6	17.0401, 6.5.	., mai an i	ees (