

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S69614

1. Corporation Name

Zeda, Inc.

2. Principal Office Address - No P.O. Box #
9721 Delray Drive

Suite, Apt. #, etc.

3. Mailing Office Address
9721 Delray Drive

Suite, Apt. #, etc.

City & State
New Port Richey, FL 34654

Zip
34654

Country
Pasco

City & State
New Port Richey, FL 34654

Zip
34654

Country
Pasco

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3079296

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
Robert B. Novenson

Street Address (P.O. Box Number is Not Acceptable)
9721 Delray Drive

Suite, Apt. #, Etc.

City
New Port Richey

State
FL

Zip Code
34654

☒ 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 **11/27/2007**

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
DPST	Robert B. Novenson	9721 Delray Drive	New Port Richey, FL 34654

000112715900
11/30/07--01007--017 **600.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/2007

Date

727-842-3509

Daytime Phone #

FILED

2007 NOV 30 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (1/07)

04-07