FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000004026

1. Corporation Name

ZB/CCR Corp.

REINSTATEMENT 05-07

CR2E031 (1/07)

2. Principal Office Address - No P.O. Box #: 10625 Techwoods Circle
Suite, Apt. #, etc.:
City & State: Cincinnati, OH
Zip: 45242 Country: USA

3. Mailing Office Address: 10625 Techwoods Circle
Suite, Apt. #, etc.:
City & State: Cincinnati, OH
Zip: 45242 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: July 12, 2004

5. FEI Number: 31-1419472 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ [redacted]

☐ 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.

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

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: Connie Bryan — CONNIE BRYAN, SPECIAL ASSISTANT SECRETARY Date:

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Jay Zises	10625 Techwoods Circle	Cincinnati, OH 45242
V	Dale Vincent	10625 Techwoods Circle	Cincinnati, OH 45242
D	Selig Zises	10625 Techwoods Circle	Cincinnati, OH 45242
D	David G. Rosenberg	10625 Techwoods Circle	Cincinnati, OH 45242

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: X Jay Zises, President/Director 11-2-07 212-879-0212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/2

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

ZB/CCR CORP.

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