


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <u>PO3000090788</u>

1. Corporation Name
ALAN ZINDLER AND ASSOCIATES INC.

2. Principal Office Address <u>11754 NW LAKE MYSTIC RD.</u> Suite, Apt. #, etc. _____ City & State <u>BRISTOL, FL</u> Zip Country <u>32321 LIBERTY</u>	3. Mailing Office Address <u>11754 NW LAKE MYSTIC RD.</u> Suite, Apt. #, etc. _____ City & State <u>BRISTOL, FL</u> Zip Country <u>32321 LIBERTY</u>
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REINSTATEMENT 05

4. Date Incorporated or Qualified To Do Business in Florida 8/19/2003

5. FEI Number 31-1781256 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 ALAN ZINDLER

Street Address (P.O. Box Number is Not Acceptable)
11754 NW LAKE MYSTIC RD.

Suite, Apt. #, Etc. _____

City BRISTOL, FL State FL Zip Code 32321

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 [Signature] Date 12/28/05

REGISTERED AGENT MUST SIGN

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	<u>ALAN ZINDLER</u>	<u>11754 NW LAKE MYSTIC RD</u>	<u>BRISTOL, FL 32321</u>
S	<u>MIKE ZINDLER</u>	<u>11754 NW LAKE MYSTIC RD.</u>	<u>BRISTOL, FL 32321</u>

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)(l), 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.

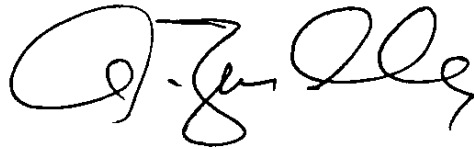
SIGNATURE [Signature] A. ZINDLER, PRES. Date 12/28/05 (850) 566-7460

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

12/28/05

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I did not receive annual report
information for the year 2005.



ALAN ZINDLER & ASSOC INC.

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