

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED
96 NOV 13 PM 12: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P950004005T (05)

1 Corporation Name

ZUCKERMAN & SON, INC.

Principal Place of Business

Mailing Address

901 NE 125 Street
Suite 109

901 NE 125 Street
Suite 109

North Miami FL 33161

North Miami FL
33181

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT abcd

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

05/18/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0591580

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D. P/S	ZUCKERMAN, STUART	6503 N. MILITARY TRAIL APT 700	BOCA RATON FL 33496
D. VP/T.	SCHWEIGER, MARIANA	2050 NE 177 ROAD	N. MIAMI FL 33181

600002009366--6
-11/20/96--01025--025
***383.75 ***383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHWEIGER, MARIANA
901 NE 125 Street #109
N. MIAMI FL 33161

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Mariana A. Schwegler

REGISTERED AGENT MUST SIGN

Date

11/12/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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:

Mariana A. Schwegler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/96

305-891-1442

Date

Daytime Phone #

CR2E040 (12/95)