PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -3 AM 10: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 500727

**1.** Corporation Name

ZOLLER, NAJJAR & SHROYER, INC.

REINSTATEMENT 03-05

CR2E081 (8/05)

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 201 5th Avenue Drive East | 201 5th Avenue Drive East |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | P.O. Box 9448 |
| City & State | City & State |
| Bradenton, FL | Bradenton, FL |
| Zip / Country | Zip / Country |
| 34206 / Manatee | 34206 / Manatee |

**4.** Date Incorporated or Qualified To Do Business in Florida: 04/01/1976

**5.** FEI Number: 59-1657632 ☐ 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: THOMAS W. HARRISON

Street Address (P.O. Box Number is Not Acceptable): 1206 MANATEE AVENUE WEST

500060190585
10/03/05--01070--017 **10.00

Suite, Apt. #, Etc.:

City: BRADENTON | State: FL | Zip Code: 34205

**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: Thomas W. Harrison — REGISTERED AGENT MUST SIGN

Date: 9/29/05

**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 | DANIEL C. ZOLLER | P.O. BOX 656 | BRADENTON, FL 34206 |
| VP | LEONARD J. NAJJAR | 4710 OAKRUN DRIVE | SARASOTA, FL 34243 |
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JR 10/4

**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)(i), 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:** Dan Zoller — 9/23/05 — 941-748-8080

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