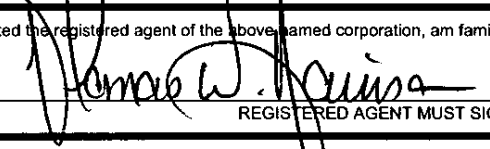
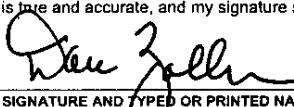


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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.				
2. Principal Office Address 201 5th Avenue Drive East Suite, Apt. #, etc.		3. Mailing Office Address 201 5th Avenue Drive East Suite, Apt. #, etc.		
City & State Bradenton, FL		City & State Bradenton, FL		
Zip 34206	Country Manatee	Zip 34206	Country 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				
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 		Date 9/29/05		
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	DANIEL C. ZOLLER	P.O. BOX 656	BRADENTON, FL 34206	
VP	LEONARD J. NAJJAR	4710 OAKRUN DRIVE	SARASOTA, FL 34243	
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: 		9/23/05	941-748-8080	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	