PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 18 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760691

1. Corporation Name
Zom Springside office Center I, Inc.

100013630421
03/06/03--01056--005 **122.50

2002-2003 UBR

2. Principal Office Address	**3.** Mailing Office Address
1220 Douglas Ave	Same
Suite, Apt. #, etc.: #203	Suite, Apt. #, etc.: #. Same
City & State: Longwood, FL	City & State: Same
Zip: 32779 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11-16-81

5. FEI Number: 59-2148192 ☐ 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: Mitchel B. Krause
Street Address (P.O. Box Number is Not Acceptable): 1220 Douglas Ave
Suite, Apt. #, Etc.: #203
City: Longwood State: FL Zip Code: 32779

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: Mitchel B Krause Date: 2/18/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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/D	Marlyn Felsing	1220 Douglas Ave #205	Longwood FL 32779
T/D	Mitchel Krause	1220 Douglas Ave #203	Longwood FL 32779
D	Stanley Silver	1220 Douglas Ave #201	Longwood FL 32779
D	Steve Horneffer	1220 Douglas Ave #103	Longwood FL 32779

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: Mitchel Krause Mitchel Krause 2/18/03 407-862-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Webster & Krause, P.A.

Attorneys at Law

DAVID A. WEBSTER
MITCHEL B. KRAUSE

1220 DOUGLAS AVENUE
SUITE 203
LONGWOOD, FLORIDA 32779

TELEPHONE (407) 862-2000
FAX (407) 862-3396

February 18, 2003

Ms. Kathy Ashton
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Zom Springside Office Center I, Inc.
Ref # 760691

Dear Ms. Ashton:

Pursuant to your letter of February 7, 2003, I am enclosing a reinstatement application for the above referenced non-profit corporation as well as your letter and a check in the amount of $122.50.

The above referenced non-profit corporation did not receive its uniform business report for 2002 and that is why we inadvertently failed to file the report for that year. I would respectfully request that the reinstatement fee be waived as a result of not receiving the report.

Thank you for your cooperation in this matter.

Sincerely,

Mitchel Krause
Director/Treasurer/Secretary

enclosures

MBK/ms