

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 10 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

A23992

1. Limited Liability Company's Name

ZIPERSON COMPANY LTD.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

4736 MEADOW DR

Suite, Apt. #, etc.

3. Mailing Office Address

4736 MEADOW DR

Suite, Apt. #, etc.

City & State

SAINT CLOUD, FL

Zip

34772

Country

OSCEOLA

City & State

SAINT CLOUD, FL

Zip

34772

Country

OSCEOLA

4. State/Country of Formation

DADE County, FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-31-1986

6. FEI Number

59-2749809

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ERNEST EUGENE GILMORE JR

Street Address (P.O. Box Number is Not Acceptable)

4736 MEADOW DR.

Suite, Apt. #, Etc.

City

SAINT CLOUD

State

FL

Zip Code

34772

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Ernest Eugene Gilmore Jr.

REGISTERED AGENT MUST SIGN

Date 4-18-2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RPZ, INC.	4736 MEADOW DR	SAINT CLOUD FL 34772
			500102542115 05/18/07--01007--005 **2000.00
			REINSTATEMENT 04-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Ernest Eugene Gilmore Jr.

Date 4-18-2007 Daytime Phone # 1-321-624-3244

Typed or printed name of signing Managing Member/Manager ERNEST EUGENE GILMORE JR.