

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 21 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002543

1. Corporation Name

ZB COMPANY, INC. *d/b/a*

*ZB Light Start Company*

2. Principal Office Address

2520 RENAISSANCE BLVD.

Suite, Apt. #, etc.

City & State

KING OF PRUSSIA, PA

Zip

19406

Country

MONTGOMERY

3. Mailing Office Address

2520 RENAISSANCE BLVD.

Suite, Apt. #, etc.

City & State

KING OF PRUSSIA, PA

Zip

19406

Country

MONTGOMERY

4. Date Incorporated or Qualified  
To Do Business in Florida

05/21/02

5. FEI Number

95-4876508

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Steven P. Zimmer*

STEVEN P. ZIMMER  
SPECIAL ASSISTANT SECRETARY

Date

7-18-03

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 Officers and/or Director	City/State/Zip
<del>P/CEO</del>	<del>JERRY WELCH</del>	<del>2520 RENAISSANCE BLVD.</del>	<del>KING OF PRUSSIA, PA 19406</del>
T/V	RAYMOND SPRINGER	2520 RENAISSANCE BLVD.	KING OF PRUSSIA, PA 19406
S/V	KENDRICK ROYER	2520 RENAISSANCE BLVD.	KING OF PRUSSIA, PA 19406
V	JERRY KOLLAR	2520 RENAISSANCE BLVD.	KING OF PRUSSIA, PA 19406
D	JERRY WELCH	2520 RENAISSANCE BLVD.	KING OF PRUSSIA, PA 19406

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: *Jerry Kollar*

JERRY KOLLAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/03 610-278-7800

Date

Daytime Phone #