

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 29 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # F96000001763 1. Entity Name Z. Z. ZING, INC. | | | | | |
| Principal Place of Business 532 SPRINGTOWN RD NEW PALTZ, NY 12561 | | | Mailing Address 532 SPRINGTOWN RD NEW PALTZ, NY 12561 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 14-1688435 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KIRWAN, DAVID P 6803 OVERSEAS HWY MARATHON, FL 33050 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ZWERDLING, ALLEN 532 SPRINGTOWN ROAD NEW PALTZ, NY 12561 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300061754563 11/29/05--01053--003 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ZWERDLING, SHIRLEY 532 SPRINGTOWN ROAD NEW PALTZ, NY 12561 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS ZWERDLING, GARY 532 SPRINGTOWN ROAD NEW PALTZ, NY 12561 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ZWERDLING, SHERRY 80501 OLD HWY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HEYES, JAN J 2380 OLD TOPANGA CANYON TOPANGA, CA 90290 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Allen Zwerdling</u> ALLEN ZWERDLING | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 11/20/05 Daytime Phone # | |