

NOV. 10. 1998 PL 12:40 PM

INSTRUCTIONS BEFORE COMPLETING THIS No. 51264. P. 2

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000006540

1. Corporation Name

ZAMIAS SERVICES, INC.

Principal Place of Business

300 Market Street
Johnstown, PA 15901

Mailing Address

300 Market Street
Johnstown, PA 15901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1997

5. FEI Number

25-1778815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$9.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Zamias, Damien G.	300 Market Street	Johnstown, PA 15901
DV	Zamias, Samuel C.	300 Market Street	Johnstown, PA 15901
TSD	Zamias, Stephen G.	300 Market Street	Johnstown, PA 15901

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-11/20/98-01070-025

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525Name
HKE&F Registered Agent Corp.
Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Drive
Suite, Apt. #, Etc.
Suite 600
City
Miami
State
FL
Zip Code
33133

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☐ No ☒(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98

Date

814/535-3563

Daytime Phone #