

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. STATE SECRETARY'S DIVISION OF CORPORATIONS

08 DEC 22 AM 8:19

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 699118

1. Corporation Name

Ziegler Publishing Co., Inc.

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

1515 SW 1 AV

Suite, Apt. #, etc.

3. Mailing Office Address

1515 SW 1 AV

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

March 1, 1984

5. FEI Number

59-2381063

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

John Ziegler

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

7852 NW 11 PL

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33322

☐ The 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 reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/2/08

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
President	John Ziegler	7852 NW 11 Place Plantation, FL 33322	Plantation, FL 33322

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 contained in Chapter 119, 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

John Ziegler

Date

5/2/08

Daytime Phone #

954-524-9450

12/22/08