

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 NOV -3 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H88014**

1. Corporation Name

**ZIMMERMAN & PARTNERS ADVERTISING, INC.**

Principal Place of Business

Mailing Address

2200 W. COMMERCIAL BLVD.  
STE 300  
FT. LAUDERDALE FL 33309  
US

2200 W. COMMERCIAL BLVD.  
STE 300  
FT. LAUDERDALE FL 33309  
US

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



2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/04/1985

5. FEI Number

59-2612485

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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        | 2                                 | 3  | 4                  |
|----------|-----------------------------------|--|--------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| PVD      | ZIMMERMAN, JORDAN                 | 2200 W. COMMERCIAL BLVD.                       | FORT LAUDERDALE FL |
| DST      | VALDES, DAVID                     | 2200 W. COMMERCIAL BLVD.                       | FORT LAUDERDALE FL |
|          |                                   |  |                    |
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100003479121--9  
-11/28/00--01104--008  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALDES, DAVID  
2200 W COMMERCIAL BLVD  
STE 300  
FT LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*SIGNATURE* [Signature]

Date

10/30/00

REGISTERED AGENT MUST SIGN

11. 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

*SIGNATURE* [Signature] CFO

10/30/00 954-731-2900  
Date Daytime Phone #

CR2E040 (8/00)