

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 AUG 21 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H94636

1. Corporation Name

Zimmerman Family Corp.  
3506 S. Atlantic Ave.  
Daytona Beach, Fla. 32127

Principal Place of Business

Mailing Address

3506 S. Atlantic Ave.  
Daytona Beach, Fla. 32127

REINSTATEMENT

94-98  
AD

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

2. New Principal Office Address, If Applicable

N.A.

3. New Mailing Office Address, If Applicable

555 Westmoreland Rd.

Suite, Apt. #, etc.

N.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1-17-1986

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach, Fl.

Zip

Country

Zip

Country

32114

Volusia

5. FEI Number

59-2775182

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Gary P. Zimmerman	212 Yorktown Rd.	Daytona Beach, FL 32119
D	Wm. M. Foster	555 Westmoreland Rd.	Daytona Beach, FL 32114
			100002625231--1 -08/26/98--01036--001 ***1350.00 ***1350.00
			100002625231--1 -08/26/98--01036--002 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

Gary P. Zimmerman  
212 Yorktown Rd.  
Daytona Beach, Fla. 32119

9. Name and Address of New Registered Agent

Name  
Wm. M. Foster  
Street Address (P.O. Box Number is Not Acceptable)  
555 Westmoreland Rd.  
Suite, Apt. #, Etc.

City  
Daytona Beach

State  
FL

Zip Code  
32114

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

Wm. M. Foster  
REGISTERED AGENT MUST SIGN

Date 8/14/98

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:

Wm. M. Foster  
Wm. M. Foster  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/98  
Date

904-257-3624  
Daytime Phone #