

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
REINSTATEMENT
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000002053
Name and Mailing Address

0004773 01 AT 0.292 **AUTO TO 0 0615 33021-660947



ZEIGNER ASSOCIATES II, L.L.C.
C/O ESWARD GOTTLIEB
4447 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021-6609



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/08/2001	
Principal Place of Business C/O ESWARD GOTTLIEB 4447 HOLLYWOOD BLVD. HOLLYWOOD FL 33021	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 22-3781816	Applied For Not Applicable
8. Name and Address of Current Registered Agent GOTTLIEB, EDWARD 4447 HOLLYWOOD BLVD. HOLLYWOOD FL 33021		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>[Signature]</u> REQUIRED Date <u>10/20/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GOTTLIEB, ED	4447 HOLLYWOOD BLVD	HOLLYWOOD FL 33021
900024097969 10/24/03--01072--015 **50.00			
REINSTATEMENT 03 OK			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] **REQUIRED** Date 10/20/03 Daytime Phone # 954 34262

Typed or printed name of signing Managing Member/Manager Edward M Gottlieb

CR2E084 (7/03)

10-20-03
29/2

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Florida Department of State

RE: ZAGNER ASSOCIATES II LLC
LO1500002053

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE BE ADVISED I RECEIVED

NO PAPER WORK TO REGISTER

FOR 2003. I AM ENCLOSED A
CHECK FOR \$50⁰⁰. per DUNE TO
REGISTER

CK#1030

Thank you

Ed H. H. H.