

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000035962

1. Limited Liability Company's Name

Zimark LLC

08 DEC 15 AM 8:23

TALLAHASSEE FLORIDA

800138993178  
12/12/08--01046--006 \*\*377.50

CR2E041 (10/08)

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

14132 Faldo CT

Suite, Apt. #, etc.

3. Mailing Office Address

14132 Faldo CT

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

Zip

34667

Country

PASCO

Zip

34667

Country

PASCO

4. State/Country of Formation

PASCO

5. Date Organized or Qualified  
To Do Business in Florida

5/10/2004

6. FEI Number

146700045

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Gzime Schrecongost

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

14132 Faldo CT

Suite, Apt. #, Etc.

City

Hudson

State

FL

Zip Code

34667

A \$100 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 \$100  
reinstatement be waived.

9. 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

Gzime Schrecongost

REGISTERED AGENT MUST SIGN

Date 12/9/08

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MEM    | Gzime Schrecongost                   | 14132 Faldo CT                                    | Hudson FL 34667    |
|        | Mark Schrecongost                    | 14132 Faldo CT                                    | Hudson FL 34667    |
|        | L. SELLERS                           |   |                    |
|        | DEC 17 2008                          |   |                    |
|        | EXAMINER                             |   |                    |
|        |                                      | REINSTATEMENT                                     | 2007-2008          |

11. 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

Gzime Schrecongost

Date 12/9/08

Daytime Phone # 727-207-9025

Typed or printed name of signing Managing Member/Manager