

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 24 PM 4: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 36299**

1. Corporation Name

ZBD Constructors, Inc.

2. Principal Office Address

405 N Reo St

Suite, Apt. #, etc.

300

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Office Address

405 N. Reo St.

Suite, Apt. #, etc.

300

City & State

Tampa, FL

Zip

33609

Country

USA

500014560735

03/24/03--01090--021 ***683.75

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/89

5. FEI Number

592981182

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

Shumaker, Loop & Kendrick Attn: Joime Austrich

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

BANK OF America Plaza, Suite 2800

Suite, Apt. #, Etc.

101 East Kennedy Boulevard

City

Tampa

State

FL

Zip Code

33602

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

Date

3/11/03

REGISTERED AGENT MUST SIGN

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
P	Ludger Kramer	405 N Reo St #300	Tampa, FL 33609
VP	Rainer Harteneck	405 N Reo St #300	Tampa, FL 33609
SEC	Helmut Geisen	405 N Reo St #300	Tampa, FL 33609

500014560735

03/24/03--01090--022 ***908.75

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 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:

RAINER HARTENECK

03/10/03

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR