

10-4-02
350.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96000000381

1. Limited Liability Company's Name
ZINGG HOME, LLC

CR2E041 (8/05)

2. Principal Office Address 1111 BISCAYNE BLVD Suite, Apt. #, etc. # 725. City & State MIAMI FL. Zip 33181 Country USA.		3. Mailing Office Address 1111 BISCAYNE BLVD Suite, Apt. #, etc. # 725. City & State MIAMI FL. Zip 33181 Country USA.	
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4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 4/1/96	
6. FEI Number 650660241	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name HERMANN ZINGG		
Street Address (P.O. Box Number is Not Acceptable) 1111 BISCAYNE BLVD # 725		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33181

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 _____ Date 3/30/06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	ZINGG, HERMANN	1111 BISCAYNE BLVD # 725	MIAMI, FL. 33181
MEMBER	ZINGG, EGWANTINA	1111 BISCAYNE BLVD # 725	MIAMI, FL 33181

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REINSTATEMENT 02-06

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 _____ Date 3/30/06 Daytime Phone # 204.426496.
Typed or printed name of signing Managing Member/Manager _____