

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 L99000001387

FILED

03 OCT 24 AM 10:25

1. DOCUMENT # L99000001387

Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0004767 01 AT 0.292 **AUTO TO 0 0615 33021-660947



ZEIGNER ASSOCIATES, L.L.C.
 C/O EDWARD 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 03/11/1999	
Principal Place of Business C/O EDWARD GOTTLIEB 4447 HOLLYWOOD BLVD. HOLLYWOOD FL 33021	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 22-3632854	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)		800024063898	
		10/24/03--01012--025 **50.00	
City		FL Zip Code	

CR2E034 (7/03)

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 *Edward M. Gottlieb* **REQUIRED** Date *10/20/03*
 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, EDWARD	4447 HOLLYWOOD BLVD.	HOLLYWOOD FL 33021

REINSTATEMENT 03
OR

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 *Edward M. Gottlieb* **REQUIRED** Date *10/20/03* Daytime Phone # *9849634262*
 Typed or printed name of signing Managing Member/Manager *Edward M. Gottlieb*

10-20-03

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State

DIVISION OF CORPORATIONS

REGISTRATION SECTION

P.O. Box 6327

TALLAHASSEE, FL 32314

PLEASE be advised I RECEIVED
NO paper work to register to
ZENGER ASSOCIATES, LLC # L99000001387
therefore, according to DEANE, I
am enclosing the \$500 FEE TO REGISTER

CK# 1031

Thank you
Ed Rutledge