

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

M01000001154

FILED

02 DEC 13 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001154

Name and Mailing Address

0011088 01 FP 0.352 **PRST H3 0 0615 33983-261757



ZING TECH LLC
2357 MONTPELIER RD.
PUNTA GORDA FL 33983-2617



2. New Mailing Address

1492 PULASKI ST

City, State, Zip

PORT CHARLOTTE FL 33952

Principal Place of Business

2357 MONTPELIER RD.
PUNTA GORDA FL 33983

3. New Principal Place of Business Address

1492 PULASKI ST

City, State, Zip

PORT CHARLOTTE FL 33952

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

05/23/2001

6. FEI Number

65-0897263

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

KARLSTEDT, MAGNUS
2357 MONTPELIER RD.
PUNTA GORDA FL 33983

9. Name and Address of New Registered Agent

Name

KARLSTEDT MAGNUS

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

1492 PULASKI ST

City

PORT CHARLOTTE

FL

Zip Code

33952

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

REGISTERED AGENT MUST SIGN

Date

12/04/02

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
PRES	KARLSTEDT MAGNUS	1492 PULASKI ST	PORT CHARLOTTE FL 33952

300009505083
12/13/02--01054--001 **150.00

REINSTATEMENT-2002

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

Date

12/08/02

Daytime Phone #

941-628-4261

Typed or printed name of signing Managing Member/Manager

MAGNUS KARLSTEDT

CR2E084 (8/02)