

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **M06615**

1. Corporation Name

**BRUCE A. ZIMET, P.A.**

Principal Place of Business

ONE FINANCIAL PLAZA  
SUITE 2612  
FT. LAUDERDALE FL 33394

Mailing Address

ONE FINANCIAL PLAZA  
SUITE 2612  
FT. LAUDERDALE FL 33394

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/1984

5. FEI Number

69-2487521

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SS 75. A certificate of status is required for a corporation to do business in Florida.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	ZIMET, BRUCE A.	1 FINANCIAL PLAZA #2612	FT. LAUDERDALE FL
			700003050087--3
			-11/19/99--01087--003
			***750.00 ***750.00

**REINSTATEMENT** 99 18

8. Name and Address of Current Registered Agent

ZIMET, BRUCE A.  
ONE FINANCIAL PLAZA  
SUITE 2000  
FT. LAUDERDALE FL 33394

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/8/99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE A Zimet

11/8/99

Date

954-764-7001

Daytime Phone #