| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | **FILED** **May 28, 2002 8:00** **Secretary of State** |

DOCUMENT #

1. Corporation Name

Zachem & Associates, Inc.

8 00000019795

2. Principal Office Address	**3.** Mailing Office Address	
300 - 31 Street N.	5127 Caesar Way S.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suite 201E		**4.** Date Incorporated or Qualified To Do Business in Florida 2/21/00
City & State	City & State	**5.** FEI Number 59-3645639 — Applied For / Not Applicable
St. Petersburg, FL	St. Petersburg, FL	
Zip 33713 Country USA	Zip 33712 Country USA	**6.** CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

400005753624---1
-06/11/02--01073--003

7. Name and Address of Current Registered Agent

Name
David J. Zachem

Street Address (P.O. Box Number is Not Acceptable)
5127 Caesar Way S.

Suite, Apt. #, Etc.

City
St. Petersburg   State FL   Zip Code 33712

8.75 - Cert
201.25 - AR
10.00 - ARPRTS
88.75 ARSupp

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 _David J. Zachem_   REGISTERED AGENT MUST SIGN   Date 5/22/02

CR2E081 (9/01)

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
PTS	David J. Zachem	5127 Caesar Way S.	St. Petersburg, FL 33712

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.

David J. Zachem, President

SIGNATURE: _David J. Zachem, President_   5/22/02   727·866·3555P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #