

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

172

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 22 AM 11:31

DOCUMENT # **P00000019795**

1. Corporation Name

Zachem & Associates, INC.

2. Principal Office Address

300 31st Street N.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

Suite 201E

Suite, Apt. #, etc.

City & State

ST. Petersburg, FL

City & State

Zip

Country

33713

Zip

Country

300034384363

04/28/04--01020--014 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

2-21-00

5. FEI Number

59-3645639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David J. Zachem, President

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

300 31st Street N.

Suite, Apt. #, Etc.

Suite 201E

City

ST. Petersburg

State

FL

Zip Code

33713

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 Pres.

REGISTERED AGENT MUST SIGN

Date

4/22/04

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
PRES	David J. Zachem	300 31st Street N Suite 201E	ST. Petersburg, FL

REINSTATEMENT 03-04

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Zachem Pres.

Date

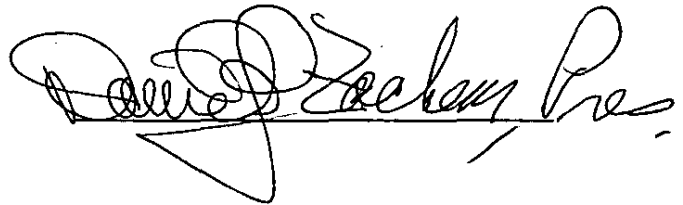
4/22/04

Daytime Phone #

CR2E081 (9/01)

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I, David J. Zachem did not receive my 2003 1st ~~or~~ 2nd notice for filing my annual report for Zachem & Associates, Inc.

A handwritten signature in cursive script, appearing to read "David J. Zachem", written over a horizontal line.

FILED
SECRETARY OF STATE
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