


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV 20 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01000035374

1. Corporation Name

Zimmerman & NADERPOUR, P.A.

2. Principal Office Address 292 S. University Drive → as 8 12/1/02 - Same

Suite, Apt. #, etc. Suite, Apt. #, etc. Same

City & State Plantation, FL City & State Same

Zip 33324 Country USA Zip Same Country Same

4. Date Incorporated or Qualified To Do Business in Florida 4/5/01

5. FEI Number 65-1093011 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 Adelmis B. NADERPOUR, ESQ.

Street Address (P.O. Box Number is Not Acceptable) 19 West FLAGLER STREET

Suite, Apt. #, Etc. 412

City Miami State FL Zip Code 33130

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 [Signature] Date 11/18/02  
REGISTERED AGENT MUST SIGN

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
PR	Amir Naderpour, ESQ	292 S. University Drive	Plantation, FL 33324
VPR	Rhonda D. Zimmerman, ESQ	//	//

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

Date

Daytime Phone #

[Signature] Amir Naderpour

11/15/02

954-465-9555

CR2E081 (9/01)

LAW OFFICES OF  
**ZIMMERMAN & NADERPOUR**  
PROFESSIONAL ASSOCIATION  
801 N.E. 167TH STREET, 2nd FLOOR  
NORTH MIAMI BEACH, FLORIDA 33162

RHONDA D. ZIMMERMAN  
AMIR NADERPOUR

TELEPHONE (305) 455-2040  
FACSIMILE (305) 455-2042  
EMAIL: ZIMNADLAW@AOL.COM

November 18, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399

Re: Corporation Reinstatement and Waiver of Fee Request for  
Zimmerman & Naderpour, P.A.

Dear Representative:

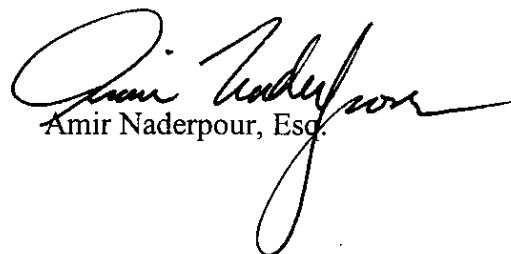
Per our request and your instructions, enclosed please find our check in the amount of \$150.00 which represents the reinstatement fee for Zimmerman & Naderpour, P.A., FEI # 65-1093011.

With this letter, I would also like to request that the Department of State waive the late fee for reinstating our Corporation. Unfortunately, neither us nor our registered agent received the notice to file the corporation annual report. As a first year entity, the late fee does represent a hardship and we can assure you that the annual report will not be late again.

My partner and I would greatly appreciate your consideration and approval to waive the late fee to reinstate our corporation.

Should you have any questions, do not hesitate to contact us.

Very Truly Yours,

  
Amir Naderpour, Esq.

Encl.

AN/map