PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000071017 **DOCUMENT #**

1. Corporation Name

SECRETARY OF STATE TALLAHASSEE, PLORIDA ZIGGY & CHARLIE, INC. REINSTATEMENT Principal Place of Business Mailing Address 10311 NW 18 DR 10311 NW 18 DR PLANTATION FL 33322 PLANTATION FL 33322 000023890880 10/17/03--01032--018 **150.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 06/27/2002 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Žip Country ~ CERTIFICATE OF STATUS DESIRED-7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors 10311 NW 18# DR. res 10311 NW 18TH DR Sec 8. Name and Address of Current Registered Agent 19. Name and Address of New Registered Agent FREDRIC SUUTSKY, STUART-M Street Address (P.O. Box Number is Not Acceptable 2500 WESTON ND STE 220 NW -Suite, Apt. # Etc.-State 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of

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.

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 filling

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

03 HOV -3 AM 11:42

October 12, 2003

Glenda E. Hood, Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Madam:

I recently received a notice of administrative dissolution for the above corporation informing me that this was my second notice. Please be advised that I never received a first notice.

I am enclosing a check for \$150 as suggested by my accountant for the 2003 corporation annual report/uniform business report. Please reinstate the corporation.

Sincerely,

Fred Sabloff President

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