PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State 97 OCT -2 PM 2: 26 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # PO20009840/ ZIP-PRO, INC. 2. Principal Office Address - No P.O. Box # 5065 CORNELL WALK LAKE WORTH, TL. 33463 3. Mailing Office Address 5065 CORDEN WALL LAKE WORTH, FC. 33463 CR2E081 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 9009<u>-</u> To Do Business in Florida City & State 5. FEI Number 7055 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status \mathcal{O} S. 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in LOUIS E. KUETZ circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 5065 CORNELL WAR are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. State Zip Code 33463 FL 8. I, being appointed the registered age to the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip 5065 Cornell WHIX LOUIS E. KURTZ LAKE WORTH, FC. 33463 5065 Cornell walk 5065 Cornell MAIK. Sec. SOLO BERMUDA ROAD EXEC UP 800e. UP œe: 1)P 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 contained in Chapter 119, 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 INTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR