

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 OCT -5 AM 9:04
TALLAHASSEE, FLORIDA
Re-Send
9/28/06

DOCUMENT # P03000021315

1. Corporation Name

Zimmermann Holdings, Inc.

CR2E081 (12/05)

2. Principal Office Address
557 Farrar School Road

3. Mailing Office Address
3801 PGA Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 806

City & State
Avella, PA

City & State
Palm Beach Gardens, FL

Zip
15312

Country
USA

Zip
33410

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/07/2003

5. FEI Number
55-0822551

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
Hixson, Marin, De Sanctis & Co., P.A.

Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Blvd.

Suite, Apt. #, Etc.
Suite 806

City
Palm Beach Gardens

State
FL

Zip Code
33410

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]
REGISTERED AGENT MUST SIGN

Date 8/10/2006

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
P/S/I/D	George P. Zimmermann	3801 PGA Blvd., Suite 806	Palm Beach Gardens, FL 33410

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/06 561-624-5700

Date

Daytime Phone #