

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 26 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000058903

1. Corporation Name

KZ-DB MANUFACTURING, INC

REINSTATEMENT 05-10

700173251957
03/26/10--01037--004 **900.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
24601 PACKING HOUSE ROAD

3. Mailing Office Address
24601 PACKING HOUSE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PRINCETON, FLORIDA

City & State

PRINCETON, FLORIDA

Zip

33032

Country

UNITED STATES

Zip

33032

Country

UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida 04/06/2004

5. FEI Number
34-2004451

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

ANDREW S. JACOBS

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

2699 SOUTH BAYSHORE DRIVE

Suite, Apt. #, Etc.

300

City

MIAMI

State

FL

Zip Code

33133

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/22/10

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	KARL ZIMMERMANN	17241 SW 281 STREET	HOMESTEAD, FL 33030

10. E-mail Address: KARLZIMMERMANN@DOLPHINBOATS.COM

(To be used for future annual report notification)

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 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, I further certify, 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

3/22/10

Date

305-257-2628

Daytime Phone #