PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 SEP -2 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/02/11--01005--012 **1050.00

DOCUMENT # P08000097696

1. Corporation Name

Zan Holdings, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2194 S.W. Olympic Club Terr.	2194 S.W. Olympic Club Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City FL	City & State: Palm City FL
Zip: 34990 Country: Martin	Zip: 34990 Country: Martin

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida: 10/30/2008

5. FEI Number: 36-4643537 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 09-11

7. Name and Address of Current Registered Agent

Name: Kenneth Buntz

Street Address (P.O. Box): 490 SW 34th Terrace

Suite, Apt. #, Etc.:

City: Palm City State: FL 34990

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 _____ Date 8-31-11

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
D, P	Kenneth Buntz	490 SW 34th Terrace	Palm City, FL 34990

10. E-mail Address: N/A

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ 8-31-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #