

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 OCT 19 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33209

1. Corporation Name

ZAREMBA GROUP INCORPORATED

2. Principal Office Address - No P.O. Box #
14600 DETROIT AVENUE

3. Mailing Office Address
14600 DETROIT AVENUE

Suite, Apt. #, etc.
SUITE 1500

Suite, Apt. #, etc.
SUITE 1500

City & State
LAKEWOOD OH

City & State
LAKEWOOD OH

Zip
44107

Country

Zip
44107

Country

4. Date Incorporated or Qualified
To Do Business in Florida 03/19/1991

5. FEI Number 34-1642427

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

☐ 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.

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10/24/07 01007 010 03100.00

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

Peter F. Souza
Assistant Secretary

Date 10/18/07

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
PCD	ZAREMBA, WALTER	14600 DETROIT AVE, STE 1500	LAKEWOOD OH 44107
VP	URBANCIC, JOSEPH J.	14600 DETROIT AVENUE, STE 1500	LAKEWOOD OH 44107
VP	SULIN, AL	14600 DETROIT AVENUE, STE 1500	LAKEWOOD OH 44107
VP	STEADLEY, ROBERT	14600 DETROIT AVENUE, STE 1500	LAKEWOOD OH 44107
AVP S	VONBENKEN, BARBARA	14600 DETROIT AVENUE, STE 1500	LAKEWOOD OH 44107

REINSTATEMENT 10-18-07

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:

Barbara Vonvenken, Secretary 10/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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SIGNATURE:

Barbara VonBenken, Secretary

10/18/07 (216) 221-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #