PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION FLOOR REINSTATEMENT		Secretar	RTMENT OF STATE ry of State corporations	07 OCT 19 PM 2:47 SECKLIARY OF STATE TALLAHASSEE, FLORIDA					
	UMENT # P33209 ration Name			// (La Co / 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1	1 CALVILLE				
ZAR	EMBA GROUP INCORI	PORATED							
	oal Office Address - No P.O. Box # DETROIT AVENUE	3. Mailing Office Address 14600 DETROI		CR2E081 (1/07)					
Suite, Apt.	#, etc. E 1500	Suite, Apt. #, etc. SUITE 1500		4. Date Incorporated or Qualified To Do Business in Florida 03/19/1991					
City & State	WOOD OH	City & State LAKEWOOD C	ЭН	5. FEI Numbe	34-1642427	Applied For Not Applicable			
^{Zip} 44107	7 Country	^{Zip} 44107	Country	6.	SECTATIVE DESIDED \$8.7	75 Additional Fee required or a Certificate of Status			
	7. Name and Address of	f Current Registered Age	nt						
CT C	orporation System				instatement fee is imp				
	dress (P.O. Box Number is Not Acceptable) South Pine Island Road	<u>).</u>			stances which the entit or notices. By checki	•			
1200 Suite, Apt.		<u>د</u> 		are ce	ertifying the prior no	otices were not			
טטוופ, ריף	#, Etc.			received and requesting the reinstatement fee be waived.					
Plant			State FL 33324	500111244305 107477 0002 00 #300,00					
8. 1, being	g appointed the registered agent of the above	named corporation am	familiar with and accept the of	oligations of section	on 607.0505 or 617.0503, F.S.				
Signature o	of	Assis	tant Secretary		Date 10/18/07				
Nagiara	RE	EGISTERED AGENT MUST	TSIGN						
9. Names	s and Street Addresses of Each Officer and	I/or Director (Florida nonpre			T'				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / Stat	te / Zip			
PCD	ZAREMBA, WALTER	14600	DETROIT AVE, STE	E 1500	E 1500 LAKEWOOD OH 44107				
VP	URBANCIC, JOSEPH	J. 14600 [DETROIT AVENUE , ST	TE 1500	E 1500 LAKEWOOD OH 44107				
VP	SULIN, AL	14600 [DETROIT AVENUE, ST	ГЕ 1500	LAKEWOOD OH 44107				
VP	STEADLEY, ROBERT	14600 [DETROIT AVENUE, ST	ГЕ 1500	E 1500 LAKEWOOD OH 44107				
AVP.S	VONBENKEN, BARBAF	RA 14600,r	DETROIT AVENUE, ST	E 1500 LAKEWOOD OH 44107					
	EMSTATEME	11/00							
10. I cartify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 fens 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 PRIN	NTED NAME OF SIGNING OF	FICER OR DIRECTOR		Date Dayt	time Phone #			

PLEASE-REAL-ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM []

	INSTATEMENT		9	DEPARTMENT OF STATE Secretary of State Ision of corporations				07 OCT 19 PM 2:47 SECNETARY OF STATE TALLAHASSEE, FLORIDA						
DOCUMENT # P33209 1. Corporation Name											-EONIDA			
ZAREMBA GROUP INCORPORATED														
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 14600 DETROIT AVENUE 14600 D					Office Address ETROIT AVENUE			Ξ	CR2E081 (1/07)					
Suite, Apt. #, etc. SUITE 1500 SUITE 2									4. Date Incorporated or Qualified To Do Business in Florida 03/19/1991					
					City & State LAKEW	OOD OH				5. FEI Number 1642427 Applied For				
zip 44107	7	Country Zip 44		Zip 44107		Count	try		6.			Not Applicable additional Fee required Certificate of Status		
		7. Nan	ne and Addr	ess of C	urrent Regis	tered Ager	nt.				•			
CT C	orporati								•	The reinstatement fee is imposed, except in				
CT Corporation System Street Address (P.O. Box Number is Not Acceptable). 1200 South Pine Island Road								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						
Suite, Apt. #, Etc.														
Plantation						State 33324 fe			fee b	e be waived.				
8. I, being	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 10/18/07					
Q Names	REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le								ant 2 directors)					
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			ress of Each	<u> </u>	City / State / Zip				
PCD	ZAREMBA, WALTER			14600 DETROIT AVE, STE			E 1500	LAKEWOOD OH 44107						
VP	URBANCIC, JOSEPH J.			14600 DETROIT AVENUE , STE 15			TE 1500	LAKEWOOD OH 44107						
VP	SULIN, AL			14600 DETROIT AVENUE, STE 1500			ΓΕ 1500	LAKEWOOD OH 44107						
VP	STEADLEY, ROBERT				14600 DETROIT AVENUE, STE 1500			ΓE 1500	LAKEWOOD OH 44107					
AVP S	VONBENKEN, BARBARA				14600 DETROIT AVENUE, STE 1500			ΓE 1500	LAKEWOOD OH 44107					
	TATATERE													
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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 #														