


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>AND FILED</p> <p>96 NOV 13 PM 12: 01</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																	
<p>DOCUMENT # P95000040054 (05)</p> <p>1 Corporation Name ZUCKERMAN & SON, INC.</p>		<p>REINSTATEMENT 9600</p>																																	
<p>Principal Place of Business Mailing Address</p> <p>901 NE 125 Street 901 NE 125 Street Suite 109 Suite 109 North Miami FL 33161 North Miami FL 33161</p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																																			
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																																			
<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>4. Date Incorporated or Qualified To Do Business In Florida 05/18/1995</p> <p>5. FEI Number 65-0591580</p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$6.75 Additional fee required for a Certificate of Status</small></p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">1 Title(s)</th> <th style="width: 30%;">2 Name of Officers and/or Directors</th> <th style="width: 30%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">4 City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/S</td> <td>ZUCKERMAN, STUART</td> <td>6503 N. MILITARY TRAIL APT 300</td> <td>BOCA RATON FL 33496</td> </tr> <tr> <td>VP/T.</td> <td>SCHWEIGER, MARIANA</td> <td>2050 NE 177 ROAD</td> <td>N. MIAMI FL 33181</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip	P/S	ZUCKERMAN, STUART	6503 N. MILITARY TRAIL APT 300	BOCA RATON FL 33496	VP/T.	SCHWEIGER, MARIANA	2050 NE 177 ROAD	N. MIAMI FL 33181																				
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<p>8. Name and Address of Current Registered Agent</p> <p>SCHWEIGER, MARIANA 901 NE 125 Street #109 N. MIAMI FL 33161</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City State FL Zip Code</p>																																	
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <u>Marian A. Schweg</u> Date <u>11/12/96</u></p> <p style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></p>																																			
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: <u>Marian A. Schweg</u> <u>11/12/96</u> <u>305-891-1442</u></p> <p style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small></p>																																			

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