PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 22 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Reinstatement 199
LR 10-22

DOCUMENT # P95000068182

1. Corporation Name

ZMF, INC.

Principal Place of Business	Mailing Address
640 EAST OCEAN AVENUE STE 16 BOYNTON BEACH FL 33435	% ZMF MC 8206 MIZNER LANE BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida 08/31/1995

5. FEI Number 65-0625736 ~~65-0612231~~ Applied For / Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~P99~~ VP	DELEUZE MARIE-FRANCE	8206 MIZNER LN	BOCA RATON FL 33433
S	DELEUZE, MARIE FRANCE	8206 MIZNER LANE	BOCA RATON FL 33433
PS	CIRCHANSKY JOËL	5830 TOWN BAY DRIVE #323	Boca Raton FL 33486
T	CIRCHANSKY JOËL	5830 TOWN BAY DRIVE #323	Boca Raton FL 33486

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-10/22/99--01024--001
**158.75

8. Name and Address of Current Registered Agent

~~LAMONTAGNE, KEVIN M~~
~~640 EAST OCEAN AVENUE STE 16~~
~~BOYNTON BEACH FL 33435~~

9. Name and Address of New Registered Agent

Name: Marie. France Deleuze
Street Address (P.O. Box Number is Not Acceptable): 8206 Mizner Lane
Suite, Apt. #, Etc.:
City: Boca Raton State: FL Zip Code: 33433

CR2E040 (8/99)

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.

Signature of Registered Agent _____ Date Oct 20 99.
REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: _____ DELEUZE Oct 20 99 (561) 883646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068545 AF

ZMF inc

"La Maison de Floride"

Boca Raton Oct 20, 1999

Dear Karen,

Following our conversation on a phone yesterday (thank you again for your help and kindness) I send to you the form and the check to reinstall my cie and add a new agent (certificate of status)
In April 26 1998 I have mail my $150 and the form like all the years before, but my accountant tell me there were mistake on my FEI and He told me to correct it. So I cross out 65-0617231 to write 65-0625736, maybe that was the problem. Thank you to send me back by fedex the certificate of status)

Sincerely.

Phone: 561 883 66 46
cellular: 561 703 66 46

I have included a prepaid fedex for you to send back. Again Thank you very much

8206 MIZNER LANE
BOCA RATON, FL 33433

561-883-6646
FAX 561-883-6483
E-MAIL ZMF@MSN.COM