

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000022209

1. Corporation Name

ZACKRISON ASSOCIATES, INC.

Principal Place of Business

1678 WAXWING COURT
VENICE FL 34293

Mailing Address

P O BOX 1843
VENICE FL 34284

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1996

5. FEI Number

59-3368965

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

P

ZACKRISON, WALTER J

1678 WAXWING COURT

VENICE FL 34293

8. Name and Address of Current Registered Agent

ZACKRISON, WALTER J
1678 WAXWING COURT
VENICE FL 34293

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/02 (941) 493-8211

CR2ED40 (8/02)



Recruiting Pharmaceutical Professionals Since 1968
WALTER J. ZACKRISON, President

November 22, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed is my reinstatement form along with a check for the normal filing fee.

I did not receive the 2002 report in the mail nor did I receive any other correspondence regarding a missed filing until I got this **Notice of Dissolution**.

Because I did not receive the 2002 Report, it is my understanding that you will reinstate the corporation and waive any penalties or reinstatement fees upon submission of this form and the \$150.00 original fee.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Walter J. Zackrison'. The signature is written in dark ink and is positioned above the printed name and title.

Walter J. Zackrison
President

WJZ/ac

Enclosure