

P96 000028531

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 MAR 25 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000028531**

1. Corporation Name

ROBERT ZACHELMAYER, INC.

500173145715
03/26/10--01001--001 **295.00

2. Principal Office Address - No P.O. Box #

231 S.E. 1ST TERR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/96

5. FEI Number

65-0658141

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

ROBERT ZACHELMAYER

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

231 S.E. 1ST TERR.

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

☒ 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.

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date **3/24/10**

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
DP	ROBERT ZACHELMAYER	231 S.E. 1ST TERR.	DEERFIELD BEACH, FL 33441

REINSTATEMENT

2007-2010

MPL

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/10

Date

Daytime Phone #

954-530-5754