

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 OCT 29 PM 5:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032209

1. Corporation Name

HUSS-ZWINGLI PUBLISHING, INC.

Principal Place of Business

Mailing Address

~~6706 PINEHURST  
NORTH LAUDERDALE FL 33068~~

~~C/O YOU & ME MANAGEMENT, INC.  
206 LAFAYETTE ST #720  
NEW YORK NY 10012~~

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.  
228 HIGHLAND ROAD

City & State  
SOUTH ORANGE NJ

Zip  
07079

Country  
USA

3. New Mailing Office Address, If Applicable

~~C/O YOU & ME MANAGEMENT, INC.~~

Suite, Apt. #, etc.  
P.O. Box 444

City & State  
NEW YORK, NY

Zip  
10013

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/1996

5. FEI Number

22-3437728

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
D	JEAN, SAMUEL S	228 HIGHLAND ROAD	SOUTH ORANGE NJ 07079
P	JEAN, NEL	228 HIGHLAND ROAD	SOUTH ORANGE NJ 07079

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\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

JEAN, SAMUEL  
3646 HIGH PINE DRIVE  
CORAL SPRINGS FL 33065

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.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/29/01

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/29/01

Daytime Phone #