

APPROVAL
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

05 APR 26 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032209

1. Corporation Name

HUSS-ZWINGLI PUBLISHING, INC.

2. Principal Office Address

266 SCOTLAND RD

Suite, Apt. #, etc.

CARRIAGE HOUSE

City & State

SOUTH ORANGE, NJ

Zip

07079

Country

USA

3. Mailing Office Address

c/o YOU & ME MANAGEMENT, INC.

Suite, Apt. #, etc.

P.O. BOX 88

City & State

NEW YORK, NY

Zip

10276

Country

USA

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/12/1996

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. Name and Address of Current Registered Agent

Name

SAMUEL JEAN

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

3646 HIGH PINE DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

000054332890

05/12/05 01061-004 **00.00

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

REGISTERED AGENT MUST SIGN

Date 4/12/05

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
D	JEAN, SAMUEL S.	266 SCOTLAND RD CARRIAGE HOUSE	SOUTH ORANGE, NJ 07079
D	JEAN, NEL H.	8 CAMERON RD	SADDLE RIVER, NJ 07458

10. 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

4/12/05

Date

(201) 306-6600

Daytime Phone #

CR 2E181 (01/05)