PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 21 PM 12:26

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032209

1. Corporation Name

HUSS-ZWINGLI PUBLISHING, INC.

000151353200

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
c/o DLEBM 200 WEST 57TH STREET	c/o DLEBM 200 WEST 57TH STREET
Suite, Apt. #, etc: # 1101	Suite, Apt. #, etc: # 1101
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10019 Country: USA	Zip: 10019 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. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

☐ 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: Joyce L. Markley Joyce L. Markley as its agent Date: 4/20/09
REGISTERED AGENT MUST SIGN

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
P/D	JEAN, JEANNE W	8 CAMERON ROAD	SADDLE RIVER, NJ 07458

TS 4/21/09

REINSTATEMENT D6-09

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 contained in Chapter 119, 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: _____ 04/16/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAGE 2 OF 2

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 965243 5024784

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 1208.75

ORDER DATE : April 20, 2009

ORDER TIME : 3:29 PM

ORDER NO. : 965243-005

CUSTOMER NO: 5024784

RECEIVED
09 APR 20 PM 4:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: HUSS-ZWINGLI PUBLISHING, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS _____