

**APPLICATION
FOR
REINSTATEMENT**



DOCUMENT # P96000102290

ZIMMER ENTERPRISES, INC.

5807 PAYPAYA STREET
FT PIERCE FL 34982

Zip 32905 Country USA

REINSTATEMENT 1997



09/10/31

12/17/1996

b. FEI Number
59 3416248

Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City / State / Zip

ZIMMER, DIANE

~~5007 PAPAYA ST.~~

~~FT-PIERCE-FI-34982~~

4775 LAKE Waterford Way # 2

MELBOURNE, FL 32901

90000238069-5

-11704297-01088-004

****750.00 ****750.00

9. Name and Address of New Registered Agent

DIANE ZIMMER Pres

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

4775 LAKE Waterford Way # 2
Suite, Apt. #, Etc.

Suite, Apt., #, Etc.

17C/2000000

City McBourne

State
FL

Zip Code
329

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

I, Diane Summer, the registered agent of the above named corporation, am authorized to execute this certificate of change.

REGISTERED AGENT MUST SIGN

Date 10-24-97

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 #

10-24-97 (407) 723-8888