PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF COMPRESSION DIVISION OF CORPORATIONS P96000102290

REINSTATEMENT 97 OCT 30 AM 10: 02 **DOCUMENT #** 1. Corporation Name ZIMMER ENTERPRISES, INC. REINSTATEMENT 1997 Principal Place of Business Mailing Address 5807 PAYPAYA STREET 5807 PAYPAYA STREET FT PIERCE PL 34982 FT PIEBOE FL 34982 4. Date Incorporated or Qualified If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. Now Malling Office Address, 465/12 Abcock.
Sulte, Apt. #, etc. 2. New Principal Office Address, If Applicable 4451 KAbcock St. N. E. Suite, Apt. #, etc. 12/17/1996 5. FEI Number Applied For 59 3416248 Not Applicable \$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) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip Title(s) 5007 PAPAYA ST. D ZIMMER, DIANE FT-PIEROE-FI-34982 900002338069--5 -11704797--01088--004 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent KIRSSCH, JEFFREY M ESQ. 43-SEMINOLE STREET STLIART FLESHOOM 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 immer ERED AGENT MUST SIGN 11. This corporation owes or bas paid the current year (See other side for information Yes V Intangible Personal Property tax due June 30. No on intengible 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:

URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR