

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 20 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000021386**

1. Corporation Name

Denis Zimmer and Associates, Inc.

2. Principal Office Address

759 St. Albans Dr

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

same

CR2E081(8/05) 01-05

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

3/3/1997

5. FEI Number

65-0738170

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

Denis Zimmer

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

759 St. Albans Drive

Suite, Apt. #, etc.

City

Boca Raton

State

FL

Zip Code

33486

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 ☒ **Dec 15/05**

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	Denis Zimmer	759 St. Albans Dr	Boca Raton, FL 33486
	Printed		

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

Dec 15/05 **561-362-9050**

Date

Daytime Phone #

**DENIS ZIMMER AND ASSOCIATES, INC.
759 ST. ALBANS DRIVE
BOCA RATON, FLORIDA 33486
561-362-9050**

December 2, 2005

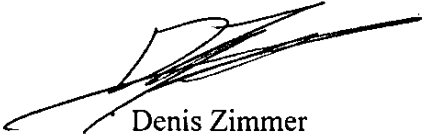
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We are requesting a waiver of the reinstatement fee per telephone instructions at 850-245-6059. After changing addresses on April 3, 2000, no notice was ever received regarding the corporate annual fee. It was not discovered until this year that the corporation had been administratively dissolved. We are submitting the annual fees for 2001, 2002, 2003, 2004, and 2005 which total \$750.00 (\$150.00 x 5).

If you need any further information or have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Denis Zimmer', with a stylized flourish extending from the end.

Denis Zimmer
Denis Zimmer and Associates, Inc.