FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00 FEB 23 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028112

1. Corporation Name

ZWICK, INC

Principal Place of Business: 1531 SW 3 St. Pompano Beach, FL 33069-3245

Mailing Address: Po Box 4813 Deerfield Beach, FL 33442

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99-18

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | County

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | County

4. Date Incorporated or Qualified To Do Business in Florida: 3/24/97

5. FEI Number: 65-0744156 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT use Post Office Box Numbers) 3	City / State / Zip 4
P	ZWICK, DANIEL P	1531 S.W. 3 St.	POMPANO BEACH FL 33069-3245

000003161500--8
-03/08/00--01014--007
****750.00 ****750.00

000003161500--8
-03/08/00--01014--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

ZWICK, DANIEL P
1531 SW 3 St.
POMPANO BEACH, FL 33069-3245

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | 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: [signature] REGISTERED AGENT MUST SIGN
Date: 2/14/00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax) KE

12. I certify that I am an officer or director of 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 this corporation have been paid and the names of individuals listed on the 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], President, 2/14/00