

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056225

1. Corporation Name

ZIKNA CORPORATION

Principal Place of Business

7001 N. DIXIE HWY
WEST PALM BEACH FL 33405

Mailing Address

7001 N. DIXIE HWY
WEST PALM BEACH FL 33405

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

2. New Principal Office Address, If Applicable

7001 S. DIXIE HWY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7001 S. DIXIE HWY
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1997

5. FEI Number

65-0762210

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HAIMBERG, JOSEPH <i>delete</i>	7001 S DIXIE HWY	WEST PALM BEACH FL 33405
DVS	DREIFUSS, TAMAR	7001 S. DIXIE HWY	WEST PALM BEACH FL 33405

8. Name and Address of Current Registered Agent

HAIMBERG, JOSEPH
1495 FOREST HILL BLVD. STE. C
WEST PALM BEACH FL 33406

9. Name and Address of New Registered Agent

Name

DREIFUSS, TAMAR

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

7001 S. DIXIE HWY

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33405

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/8/03

11. 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

[Signature] TAMAR DREIFUSS

Date

10/8/03

Daytime Phone #

5615866860

CR2E040 (7/03)

SouthWinds
Assisted Living Facility
7001 S. Dixie Hwy
West Palm Beach, FL 33405
tel: 561.586.6860 Fax: 561.586.1243

Wednesday, October 08, 2003

Florida Dept. Of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: EIN 65-0762210
Document# P97000056225

Dear Sirs,

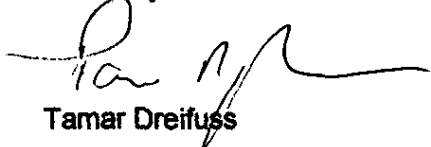
Enclosed please find the "application for reinstatement".

Please note that documents that were mailed to Zikna Corp in July reference a missing signature on the original document have never been received.

The address in your records was wrong causing some of the mail not to be delivered properly.

Thank you for correcting all information

Sincerely



Tamar Dreifuss

V/P and COO