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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089623

1. Corporation Name

FZ & K Holdings, Inc.

2. Principal Office Address	3. Mailing Office Address
9165 34th Way North	9165 34th Way North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park, FL	City & State: Pinellas Park, FL
Zip: 33782 Country:	Zip: 33782 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/97

5. FEI Number: 05-1500658 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Certified Copy Fee is required

7. Name and Address of Current Registered Agent

Name: William J. Fitzgerald

Street Address (P.O. Box Number is Not Acceptable): 9165 34th Way North

Suite, Apt. #, Etc.:

City: Pinellas Park | State: FL | Zip Code: 33782

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: William J. Fitzgerald — REGISTERED AGENT MUST SIGN — Date:

CR2E061 (01/04)

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
P	William J. Fitzgerald	9165 34th Way North	Pinellas Park, FL 33782
T	Peter Zampine	27 Echo Hills Drive	Marshfield, MA 02048

12/21/05

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: William J. Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 08/03/04 CT System Online

Page 2 of 2

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

FZ & K HOLDINGS, INC.

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