


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA8000092372

1. Corporation Name

ANN Z, INC

2. Principal Office Address - No P.O. Box #

1800 Embassy Dr

Suite, Apt. #, etc.

110

City & State

WEST PALM BCH

Zip

33401

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 01-07  
CR2E081 (1/07)

FILED

07 MAR 19 PM 12:43

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/24/1999

5. FEI Number

65-087635

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

RICHARD M' SCHWARTZ

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

2300 Palm BEACH LAKES BLVD

Suite, Apt. #, Etc.

# 217

City

WEST PALM BCH

State

FL

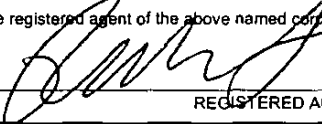
Zip Code

33409

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 3/14/2007

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	ANN Z. KING	1800 EMBASSY DR #110	WEST PALM BCH FL 33401

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 contained in Chapter 119, 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

Date

3/14/2007 561-655-1438

Daytime Phone #