

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

May 24, 2001 8:00 am  
Secretary of State

05-24-2001 90493 020 \*\*\*150.00

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000068222

1. Corporation Name

ZIRMAR CORPORATION - *UNIFORM BUSINESS REPORT*

Principal Place of Business

13351 BEAR LAKE RD.  
GROVELAND FL 34736

Mailing Address

P.O. BOX 34  
GROVELAND FL 34736

*MAY 2001*

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3590-483

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARTINI-BUFFMAN, LORRI	P.O. BOX 34	GROVELAND FL 34736

8. Name and Address of Current Registered Agent

MARTINI-BUFFMAN, LORRI  
13351 BEAR LAKE RD.  
GROVELAND FL 34736

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

*Lorri Martini - Buffman*

REGISTERED AGENT MUST SIGN

Date

*5-01-01*

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

*Lorri Martini - Buffman*  
*1062*

Date

Daytime Phone #

*5-01-01*  
*407-934-4940*