

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90493 020 ***150.00



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

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~

DOCUMENT # **P99000068222**

1. Corporation Name

ZIRMAR CORPORATION — *UNIFORM Business Report*

MAY 2001 770326

Principal Place of Business

13351 BEAR LAKE RD.
GROVELAND FL 34736

Mailing Address

P.O. BOX 34
GROVELAND FL 34736



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

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)

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:

Lorri Martini - Buffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorri Martini - Buffman

5-01-01

Date

Daytime Phone #

407-934

4940

CR2040 (8/00)