PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN -4 PM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500178060145
04/27/10--01026--007 **150.00

CR2E081 (11/09) 09-10

DOCUMENT # P98000031732

1. Corporation Name
ZBM INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5790 SHADY OAKS LANE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State
Zip: 34119 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/09/1998

5. FEI Number: 593503660 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: KEVIN MCVICKER

Street Address (P.O. Box Number is Not Acceptable): 5790 SHADY OAKS LANE

Suite, Apt. #, Etc.

City: NAPLES State: FL Zip Code: 34119

☐ 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: [signature] Date: 21 APRIL 10

REGISTERED AGENT MUST SIGN

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
PRES	KEVIN MCVICKER	5790 SHADY OAKS LANE	NAPLES, FL, 34119
		500178060145 06/01/10--01034--010 **158.75	

10. E-mail Address: MCVICKERK@EMBARQMAIL.COM
(To be used for future annual report notification)

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. I further certify, 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] KEVIN MCVICKER, PRES 21 APR 10 451-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #