

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **592762**

1. Corporation Name

**WASILEWSKI ENTERPRISES,
INC.**

400024577414
11/12/09--01002--009 **\$600.00

2. Principal Office Address

1520 CHATEAUWOOD DR

3. Mailing Office Address

REINSTATEMENT

Suite, Apt. #, etc.

✓

Suite, Apt. #, etc.

SAME

City & State

CLEARWATER, FL

City & State

Zip

33764

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-9-78

5. FEI Number

59-1989786

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 WASILEWSKI

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

1520 CHATEAUWOOD DR

Suite, Apt. #, Etc.

~~**CLEARWATER, FL**~~

City

CLEARWATER

State

FL

Zip Code

33764

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]

REGISTERED AGENT MUST SIGN

Date **10-29-03**

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, T	RICHARD WASILEWSKI	1520 CHATEAUWOOD DR	CLEARWATER, FL 33764
VP, S	CAROL WASILEWSKI	1520 CHATEAUWOOD DR	CLEARWATER, FL 33764

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-03

Date

**727
580-4341**

Daytime Phone #

CR2E081 (10/02)

JK

Wasilewski Enterprises Inc.
Richard Wasilewski
1520 Chateauwood Dr.
Clearwater, FL 33764

727-531-8104
Residential Construction

Project Management

727-530-3790 Fax
Commercial Construction

October 29, 2003

State of Florida
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

Reference: Reinstatement
Request Waiver of Penalties and Late Fees

This letter is to request a waiver of our penalties and late fees in the amount of \$600.00. The reason for this request is that we did not receive the Annual Report either by mail or whatever means that it should have been delivered.

Thank you in advance for this consideration.

Very Truly Yours,

Richard Wasilewski

