

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 NOV 15 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112005 REIN-NP CR2E099 (6/04)

4. FEI Number
59-2515192

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETLAK, REV. MICHAEL
1217 EVERGLADES AVENUE
CLEARWATER, FL 34624

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rev. Michael Petlak

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CONNOLY, VALENTINA
STREET ADDRESS 10345 100 WAY NORTH
CITY-ST-ZIP LARGO, FL 33778

TITLE VP ☐ Delete
NAME BIDA, INA
STREET ADDRESS 7643 17TH AVENUE N
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE RS ☐ Delete
NAME CHOLOWSKY, ANN
STREET ADDRESS 10200 GANDY BLVD NORTH #1315
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE TD ☐ Delete
NAME KOZAR, JEAN
STREET ADDRESS 2656 60TH ST. N.
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE ST ☐ Delete
NAME SOTNY, ANASTASIA
STREET ADDRESS 5982 31ST AVE N
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800060622618
CITY-ST-ZIP 10/14/05--01047--006 **\$8.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800060622618
CITY-ST-ZIP 11/15/05--01057--004 **\$236.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

Rev. Michael Petlak

REV. MICHAEL PETLAK

OCT 12 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel NOV 16 2005