2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000052363

City-St-Zip: PORT CHARLOTTE, FL 33953

Entity Name: IANIKONAKKI S ASSOCIATES INC

FILED Oct 27, 2009 Secretary of State

Entity Nar	me: JANKOW	75KI & ASSOCIATES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1137 CABO PORT CHA	OT ST ARLOTTE, FL	33953			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1137 CABO PORT CHA	OT ST ARLOTTE, FL	33953			
FEI Number:	: 33-1091031	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
1137 CABO PORT CHA The above in the State	ARLOTTE, FL named entity of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU		J. JANKOWSKI nic Signature of Registered Age	ont	 Date	
Election Car	ce with s. 607.19	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (JANKOWSKI, 4524 CRANBE NORTH PORT,	RRY BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	,) Delete JAMES VINCENT ST	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B JANKOWSKI PRES 10/27/2009