

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Office of the  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

536605

1. Corporation Name

PASSIVE COMPONENTS, INC.

2. Principal Office Address

2307 H 63rd Ave. East

Suite, Apt. #, etc.

City & State

Bradenton, FL 34203

Zip

34203

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/1977

5. FEI Number

59-1747777

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

Vivian A. Galimski

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

2307 H 63rd Ave. East

Suite, Apt. #, Etc.

City

Bradenton, FL

State  
FL

Zip Code  
34203

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 8-18-00

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	Vivian A. Galimski	5000 Tubala Ave. 2307 H 63rd Ave. East	Bradenton, FL 34203

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-18-00 941-753-2123

Daytime Phone #

CR2E081 (9/99)

20f2

**PASSIVE COMPONENTS, INC.**

**2307 - H 63<sup>RD</sup> AVENUE EAST  
BRADENTON, FLORIDA 34203  
941-753-2135**

August 18, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Passive Components, Inc. #59-1747777

To who may concern:

While surfing the Internet, I discovered my corporation that had been active since June of 1977 has been listed as inactive because of Admin. Dissolution for Annual Report.

Further investigating revealed a change was made in 1994, however the zip code listed was incorrect. The result was not receiving 1999's Annual Report, warning notices or dissolution notices.

I have in the past filed all my tax and legal obligations timely. I spoke to a representative from the reinstatement office, he advice me to write this letter requesting a reinstatement because of the error and enclose a check for \$308.75.

I have enclosed a check for that amount and have completed the Corporation Reinstatement form.

Your consideration in this matter would be greatly appreciated.

Sincerely,



Vivian A. Galimski, President  
PASSIVE COMPONENTS, INC.

Enc: Corp. Reinstatement  
Corp. Check