

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM ¹³

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 30 PM 2:56

DOCUMENT # 707909

1. Corporation Name

Drew Garden Apartments Unit II, INC.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

1329 Drew Street

1329 Drew Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 14

City & State

City & State

Clearwater, Florida

Clearwater, Florida

Zip

Country

Zip

Country

33755-5112

United States

33755-5112

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
10/02/1964

5. FEI Number

591578615

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Reinstatement ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

J. Wieczner

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

1329 Drew Street

Suite, Apt. #, Etc.

Apt. 14

City

Clearwater

State

FL

Zip Code

33755-5112

100250264011
07/30/13--01017--005 ***306.25

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

REGISTERED AGENT MUST SIGN

Date 7/23/13

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	Jadwiga Wieczner	401 34th Street	West Des Moines, IA 50265-4023
VP	Derek Kozinski	6441 W Warner Ave., Apt. 506	Chicago, IL 60634-6230
T/S	Joanne Pucci	15 Booth Ave N, Unit 7	Clearwater, FL 33755

REINSTATEMENT

S. HAWKES

JUL 31 2013

10. E-mail Address: joanne@morethanpropertymanagement.com and/or jadwiga.wieczner@yahoo.com

(To be used for future annual report notification)

EXAMINER

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

J. Wieczner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/13

Date Daytime Phone