

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 16 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00942**

1. Corporation Name

KNEZEVICH AND ASSOCIATES, INC.

2. Principal Office Address

1260 N. UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE 180

City & State

FT. LAUDERDALE, FL

Zip

33322

Country

USA

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2028106

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$6.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

V. JOHN KNEZEVICH

800004844918

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

2590 SW 105 TERRACE

-01/30/02--01059--007

*****\$900.00 ***\$900.00**

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33324

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 **1/15/02**

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
S	GERALDINE KNEZEVICH	2590 SW 105 TERRACE	DAVIE, FL 33324
PD	V. JOHN KNEZEVICH	2590 SW 105 TERRACE	DAVIE, FL 33324
VP	JOHN W. KNEZEVICH	5210 NE 29 AVENUE	FT. LAUDERDALE, FL 33308

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)(l), 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

1/15/02 (954) 382-2800

Date

Daytime Phone #