PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 MAR 17 PM 4: 15 147582 DOCUMENT # SECRETARY OF STATE TALL AHASSEE FLORIDA KOSTREBA & ASSOC. Rfy. INC. Principal Place of Business Mailing Address 14277 WALSINGHAM RD. REINSTATEMENT 98-97 information and enter correction below. Date Incorporated or Qualified F 47582
To Do Business in Florida CT 6, 1981 3 New Mailing Office Address, If Applicable 5. FEI Number Applied For City & State Not Applicable \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) MW.FU, 34616 laudette 500002116245--3 -<del>03/18/97-010/5-0</del>02 \*\*\*1820.00 \*\*\*1820.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name VINCENT KOSTREBA Street Address (P.O. Box Number is Not Acceptable) 1609 Lakerrow RD. Suite, Apt. #, Etc. LW .FlA. 34616 State Zip Code 10 I, being appointed the registered agent of the above vimed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date Feb . 6, 1997 Signature of Registered A ERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) 12. Ligarity that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Lighther certify that when filing this reinstalement 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. Fob 17, 199 **SIGNATURE** OFFICER OR DIRECTOR