

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
APPLICATION
FOR
REINSTATEMENT
DOCUMENT # **F47582**

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

1. Corporation Name
KOSTREBA & ASSOCIATES REALTY, INC.

Principal Place of Business
**754 BELCHER RD N
CLEARWATER FL 33765
US**

Mailing Address
**1609 LAKEVIEW RD
CLEARWATER FL 33756
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1062
FILED
01 NOV -7 PM 2:43
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



4. Date Incorporated or Qualified To Do Business in Florida 10/06/1981	
5. FEI Number 59-2140438	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PST	OKEEFE, CLAUDETTI	1609 LAKEVIEW RD	CLEARWATER FL 33756

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KOSTREBA, VINCENT 1609 LAKEVIEW RD CLEARWATER FL-3375	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL
	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
Date **OCT 15, 01**
REGISTERED AGENT MUST SIGN

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **10/15/01**
Daytime Phone #

262

Kostelka & Assoc. Rtlg Inc
Doc. # J-47582

10/15/01

To Whom it May Concern:

We have had numerous problems with the neighbor Red's knocking down the mail box @ 1609 Lakeview Rd. Clw, H. This has caused much confusion with the delivery of mail. He didn't receive the reminder notice for Annual Corp returns.

As instructed please find attached form and check # 1933 for \$50.00

Thanks for your help.

Respectfully

Chadell Keef

727/445-9155