

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002259

1. Corporation Name

BIELSKI ENTERPRISES, INC.

Principal Place of Business

799 E. JEFFERY ST.  
BOCA RATON FL 33487

Mailing Address

799 E. JEFFERY ST.  
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

516 Commodore Circle  
DELRAY BEACH FL  
33483 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/1996

5. FEI Number

52-1632565

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BIELSKI, FRANCIS J	799 JEFFERY ST.	BOCA RATON FL 33487
VT	BIELSKI, JOAN	799 E. JEFFERY ST.	BOCA RATON FL 33487
S	BIELSKI, PAULA E	799 E. JEFFERY ST.	BOCA RATON FL 33487
REINSTATEMENT 98-99 T.S. 4/27/99			
200002856682-4			
-04/23/99-01086-011			
****808.75 ****808.75			

8. Name and Address of Current Registered Agent

ED BUSH & ASSOCIATES, PA  
OPA LOCKA AIRPORT BLDG #102  
OPA LOCKA FL 33504-2327

9. Name and Address of New Registered Agent

Name

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

479 SEABROOK ROAD

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33410

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

ED BUSH, PRESIDENT

Date 4-20-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax)

12. 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:

Paula E. Buisch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

305 688-3290

Telephone Number

CR2E040 (4/98)