

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 17 PM 12: 03

DOCUMENT # G33094

1. Corporation Name

PIASCIK, INC.

Principal Place of Business

Mailing Address

C/O RICHARD J. PIASCIK  
7305 U.S. 19  
NEW PORT RICHEY FL 34652  
US

C/O RICHARD J. PIASCIK  
~~7305 U.S. 19~~ 7927 ORCHID LAKE RD.  
NEW PORT RICHEY FL 34652  
US 34653

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

4. Date Incorporated or Qualified To Do Business in Florida

04/13/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2376396

Applied For

Not Applicable

City & State

City & State

NPR FL

Zip

Country

Zip

Country

34653

US

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	PIASCIK, RICHARD J.	7924 ORCHID LAKE ROAD	NEW PORT RICHEY FL 34653
D	PIASCIK, ROBERT A.	7474 BAYWOOD FOREST CIR.	SPRING HILL FL 34606
ST	PIASCIK, GINA	7927 ORCHID LAKE ROAD	NEW PORT RICHEY FL

500003491445--2  
-12/08/00--01027--002  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIASCIK, ROBERT A.  
7927 ORCHID LAKE RD  
NEW PORT RICHEY FL 34653

Name  
RICHARD J. PIASCIK  
Street Address (P.O. Box Number is Not Acceptable)  
7927 ORCHID LAKE RD  
Suite, Apt. #, Etc.

City  
NPR

State  
FL

Zip Code  
34653

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

*Richard J. Piascik*

Date 11-12-00

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:

*Richard J. Piascik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard Piascik

11-12-00

Date

Daytime Phone #

727-845-3819

Nov. 14, 2000

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To Whom it may Concern,

Per Phone Conversation with Staff, I am writing this letter to inform the Dept. of State that we did not receive any Renewal Form for our Corporation (Piascik, inc.) for this year. ~~We have changed the~~ <sup>mailing</sup> ~~address~~ in Box #1 so that it will come to our house in the future. We have always filed and paid our fee in a timely manner when we did receive the yearly renewal form.

Please consider waiving the reinstatement fee - due to not receiving proper paperwork. Enclosed, please find a check for 150<sup>00</sup> to bring our Corporation back to current status. We do not wish to dissolve our Corporation.

Thank you for your patience,

Sincerely,

Richard Piascik

Pres. / Piascik, inc  
7305 US 19  
New Port Richey, Fl. 34652  
(727) 845-3519