

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H65386

1. Corporation Name

MARK J. NOWICKI, P.A.

Principal Place of Business

Mailing Address

14155 US HWY ONE
STE 302
JUNO BCH FL 33408
US

14155 US HWY ONE
STE 302
JUNO BEACH FL 33408
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

14155 U.S. Highway One

14155 U.S. Highway One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State

City & State

Juno Beach, FL

Juno Beach, FL

Zip

Zip

33408-1431

Country
USA

33408-1431

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1985

5. FEI Number

59-2543398

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	NOWICKI, MARK J	14155 US HWY ONE SUITE 210	NORTH PALM BEACH FL 33408 Juno Beach, FL 33408-1431

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOWICKI, MARK J.
14155 US HWY ONE
STE 302
JUNO BEACH FL 33408

Name

Nowicki, Mark J.

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

14155 U.S. Highway One, Suite 210

Suite, Apt. #, Etc.

City

Juno Beach

State

FL

Zip Code

33408-1431

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/10/03

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

Mark Nowicki

561-624-1444

Date

Daytime Phone #

CR2040 (7/03)

MARK J. NOWICKI

LAWYER

LOGGERHEAD PLAZA, SUITE 210

14155 U.S. HIGHWAY ONE

JUNO BEACH, FL 33408-1431

MARK J. NOWICKI
ALSO ADMITTED IN COLORADO
AND MONTANA

OF COUNSEL
KENNEDY & ASSOCIATES, P.L.

TELEPHONE 561 624-1444
TELEFAX 561 630-4425
EMAIL: mnnowickiesq@aol.com

BOARD CERTIFIED IN TAXATION
PRACTICE LIMITED TO
ESTATE PLANNING,
INCOME TAX PLANNING AND
RELATED FEDERAL TAX MATTERS

October 10, 2003

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Mark J. Nowicki, P.A.
Document No.: H65386

Dear Madam:

I enclose the Application for Reinstatement for Mark J. Nowicki, P.A. along with filing fees in the amount of \$150. Please note that we have waived the reinstatement fee as the Annual Business Report was mailed to an incorrect address. Enclosed is evidence of the change in address which was filed with our 2002 Uniform Business Report. If you have any questions, feel free to call.

Sincerely,



Mark J. Nowicki

MJN/dmg