

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 23 AM 9:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H80796

1. Corporation Name

ZILKOWSKI ENTERPRISES, INC.

2. Principal Office Address

441 Greenbriar Lane

Suite, Apt. #, etc.

City & State

Riverwoods, IL

Zip

60015

Country

USA

3. Mailing Office Address

441 Greenbriar Lane

Suite, Apt. #, etc.

City & State

Riverwoods, IL

Zip

60015

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/15/85

5. FEI Number

581673660

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Timothy M. Horsting, Esq.

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

1515 University Drive, Suite 202

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/22/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Leszek Ziolkowski	441 Greenbriar Lane	Riverwoods, IL 60015

10. 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:

Leszek Ziolkowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-22-04

Daytime Phone #

173-982-0233

CR2E081 (01/04)