

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB -1 PM 4: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000088246330

02/13/07--01046--022 **1500.00

DOCUMENT # J20738

1. Corporation Name

Szrejter, Inc.

2. Principal Office Address

2435 SW 12th St

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33426

Country

US

3. Mailing Office Address

2435 SW 12th St

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33426

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1986

5. EFL Number

59-2686224

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

Michael L. Szrejter

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

2435 SW 12th St

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33426

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

Date

REGISTERED AGENT MUST SIGN

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
PVS	Michael L. Szrejter	2435 SW 12th St	Boynton Beach, FL 33426
TD	Michael L. Szrejter	2435 SW 12th St	Boynton Beach, FL 33426

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 contained in Chapter 119, 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

Michael L. Szrejter

Date

1/10/07

Daytime Phone #

561-704-5240