

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 # **K87878**

1. Corporation Name

PROFESSIONAL OFFICE ENTERPRISES-FLORIDA, INC.

Principal Place of Business

% FRANCIS J. BIELSKI
799 E JEFFERY ST., STE. 414
BOCA RATON FL 33487

Mailing Address

% FRANCIS J. BIELSKI
799 E JEFFERY ST., STE. 414
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

516 COMMODORE CIRCLE

Suite, Apt. #, etc

City & State

DELRAY BEACH, FL

Zip **33483**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1989

5. FEI Number

52-1636924

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
D	BIELSKI, FRANCIS J	799 EAST JEFFERY ST	BOCA RATON FL
D	BIELSKI, JOAN D.	799 EAST JEFFERY ST.	BOCA RATON FL

REINSTATEMENT

98-99 TS 4/26/99

400002856684-8

-04/29/99-01086-012

******908.75 ****908.75**

8. Name and Address of Current Registered Agent

BIELSKI, FRANCIS J
799 EAST JEFFERY ST
SUITE 414
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

Francis J. Bielski
REGISTERED AGENT MUST SIGN

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:

Francis J. Bielski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

305 688 3290

Daytime Phone #

CR2E040 (9/98)