

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

99R

FILED

99 OCT 20 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05581

1. Corporation Name

ANDREW M. MUSTAPICK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2239 14TH AVE.
VERO BEACH FL 32960
US

2239 14TH AVE.
VERO BEACH FL 32960
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1989

5. FEI Number

65-0138255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 58.75 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
DPTS	MUSTAPICK, ANDREW M.	1010 MORNINGSIDE DRIVE	VERO BEACH FL 32960
			700003029727--2 -10/29/99--01085--023 *****150.00 *****150.00
			700003029727--2 -10/29/99--01085--024 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUSTAPICK, ANDREW M.
1010 MORNINGSIDE DRIVE
VERO BCH FL 32963

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Andrew M. Mustapick REQUIRED

Date 10-25-99

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:

Andrew M. Mustapick ANDREW M. MUSTAPICK

10-25-99

561-778-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Andrew M. Mustapick Enterprises, Inc.

Telephone: (561) 778-4500

Facsimile: (561) 778-4370

2239 14th Avenue
Vero Beach, Florida 32960

October 25, 1999

Mr. Tyrone Scott
Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

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Dear Mr. Scott:

As per our telephone conversation this afternoon, please be advised that we did not file the appropriate "Profit Corporation Annual Report" because we never received the form.

I am very grateful to you, Mr. Scott, for your consideration regarding my brother's suicide.

Please find enclosed two checks in the amounts of \$150.00 for the filing of the enclosed report and \$8.75 for a current "Certificate of Status".

Thank you for your understanding,



Andrew M. Mustapick
President

AMM:mb