

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 DEC 14 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000007087

1. Corporation Name

PINKOWSKI INSTITUTE, INC.

Principal Place of Business

9900 STIRLING ROAD #200
COOPER CITY FL 33024

Mailing Address

9900 STIRLING ROAD #200
COOPER CITY FL 33024

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		4. Date Incorporated or Qualified To Do Business in Florida 12/22/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0800564	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	PINKOWSKI, EDWARD	9900 STIRLING RD. #200	COOPER CITY, FL 33024
V.P. SEC.	PINKOWSKI, JACK	9900 STIRLING RD. #200	COOPER CITY, FL 33024
V.P.	PINKOWSKI, JAMES	3900 UNIVERSITY DR. #200	FAIRFAX, VA 22030

8. Name and Address of Current Registered Agent

WALSER, THOMAS C ESQ
7015 BERACASA WAY
SUITE 201
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name: **JACK PINKOWSKI**
Street Address (P.O. Box Number is Not Acceptable):
9900 STIRLING RD, SUITE 200
Suite, Apt. #, Etc.:
City: **COOPER CITY** State: **FL** Zip Code: **33024**

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

Jack Pinkowski

REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-28-98**

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)(f), 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:

Jack Pinkowski **JACK PINKOWSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-28-98**

Daytime Phone #

954-432-9200

CR2E040 (9/98)