

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1997

5. FEI Number

65-0800564

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	PINKOWSKI, EDWARD	10212 SW 59 ST	COOPER CITY FL 33328
VSD	PINKOWSKI, JACK	9900 STIRLING ROAD #200	COOPER CITY FL 33024
VD	PINKOWSKI, JAMES D	3900 UNIVERSTIY DR, #200	FAIRFAX VA 22030
D	PINKOWSKI, CONNIE	10212 SW 59 ST	COOPER CITY FL 33328
DT	ROSIELLO, CARL A	429 GROVE ST	BRIDGEPORT PA 19405

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PINKOWSKI, JACK
9900 STIRLING RD.
SUITE 200
COOPER CITY FL 33024

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

Edward Pinkowski
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Nov. 19, 2000

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:

Edward Pinkowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 19, 2000

Date

Daytime Phone #

FILED

00 NOV 22 AM 9: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2040 (800)