

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N99000007344**

1. Corporation Name

**THE KORZENIEWSKI FOUNDATION, INC.**

Principal Place of Business

Mailing Address

KEY BANK NATIONAL ASSOCIATION  
11300 U.S. HWY. ONE, STE 101  
NORTH PALM BEACH FL 33408

800 SUPERIOR AVENUE  
4TH FLOOR  
CLEVELAND OH 44109

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

**12/10/1999**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0964986**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4  |
|---------------|---|--|--|
| D             | KORZENIEWSKI, SUSAN C                     | 217 LIST ROAD  | PALM BEACH FL 33480  |
| D             | KORZENIEWSKI, KARL                        | 2805 CUYAHOGA LANE                                     | WEST PALM BEACH FL 33409   |
| D             | PARMALEE, ALAN K                          | 4765 NW 6TH COURT                                      | DELRAY BEACH FL 33445  |
|               |   |  | 100004742111--9<br>-12/28/01--01016--010<br>****236.25 ****236.25<br>12/2/2001 |
|               |   |  |  |
|               |   |  |  |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONNELLY KORZENIEWSKI, SUSAN J  
217 LIST RD.  
PALM BEACH FL 33480-3225

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**Nov. 28, 2001**

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.

**Susan C. Korzenewski**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**Nov. 28, 2001**

Daytime Phone #

**561-842-2364**

CR2E040 (8/01)