

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 19 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010534

1. Corporation Name

L. Krishak Associates, Inc.

200004685842--7

11/16/01--01078--010

***750.00 ***750.00

2. Principal Office Address

721 Sanctuary Cove Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 31482

Suite, Apt. #, etc.

City & State

N. Palm Beach FL

Zip

33410

Country

Palm Beach

City & State

Palm Beach Gardens, FL

Zip

33420

Country

Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-24-00

5. FEI Number

59-3623822

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

Linda M. Krishak

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

721 Sanctuary Cove Dr.

Suite, Apt. #, Etc.

City

N. Palm Beach

State

FL

Zip Code

33410

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent Linda M. Krishak

REGISTERED AGENT MUST SIGN

Date 10-15-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Linda M. Krishak	721 Sanctuary Cove Dr.	N. Palm Beach, FL 33410

10. 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:

Linda M. Krishak

Linda M. Krishak

10-15-01

501-776-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (9/00)