

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

FILED

05 JAN 24 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000042122

1. Corporation Name

CECILIA NOVAK, PA

2. Principal Office Address

1761 DELAFIELD DR

3. Mailing Office Address

1761 DELAFIELD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

WINTER GARDEN, FL

Zip

34787

Country

Zip

34787

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3643347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

10-21-03 01130 005 03-05 \$150.

7. Name and Address of Current Registered Agent

Name

CECILIA NOVAK

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

1761 DELAFIELD DR

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

REINSTATEMENT

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

01/17/05

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
P	CECILIA NOVAK	1761 DELAFIELD DR	WINTER GARDEN, FL 34787

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/17/05 (407) 409-2342

Daytime Phone #

CR2E081 (01/04)

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20f2

January 17, 2005

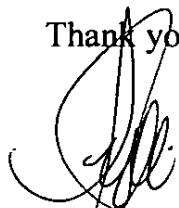
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To whom it may concern:

This letter is to inform you I never received the department of state forms in 2003 and 2004, please waive the penalty.

I am enclosing a check for US\$300.00 for 2003 and 2004.

Thank you for your prompt attention in this matter.



Cecilia Novak
Cecilia Novak P.A.
1761 Delafield Dr.
Winter Garden
Fl. 34787

FEI 59-3643347