

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kathrine Harris  
Secretary of State

FLORIDA CORPORATION

FILED

01 NOV -8 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058432

1. Corporation Name

SPM OF SARASOTA INC

Principal Place of Business

Mailing Address

2509 JAMAICA ST.  
SARASOTA FL 34231

2509 JAMAICA ST.  
SARASOTA FL 34231

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

06/09/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1020221

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Pavel Balcar	2509 Jamaica St.	Sarasota, FL 34231
V-President	Eva Balcar	2509 Jamaica St.	Sarasota, FL 34231

400004703764-9

-12/04/01--01034--016

\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CZERWINSKI, YOLANDA M EA PA

4900 MEADOWLAND CIR. 4492 Golden Lake Dr  
SARASOTA FL 34233

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

*Y. Czerwinski*  
REGISTERED AGENT MUST SIGN

Date 10-15-01

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)(l), 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:

*Eva Balcar* EVA BALCAR

10-15-01

941

924-7955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

**SPM OF SARASOTA INC**  
**2509 Jamaica Street**  
**Sarasota FL 34231**

November 5, 2001

Florida Department of State  
Division of Corporation  
P.O.Box 6327  
Tallahassee, FL 32314

Dear Sirs,

Re: SPM of Sarasota Inc – P00000058432

Enclosed please find our check for \$150.00 along with the application for reinstatement for our corporation.

Please be informed that we have never received the original report, ( we had a problem with the mail – a lot of mail was either lost or stolen ) and since this is our second year being a corporation we did not know about the report, that it had to be filed by a certain date.

We would like to ask you kindly to waive the \$600.00 reinstatement fee and we will file all the future reports in a timely manner.

Thank you for your consideration,

Sincerely,



Pavel Balcar  
President  
SPM of Sarasota Inc