

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000112858

1. Entity Name  
EXPRESS WINGS OF PINELLAS, INC.



Principal Place of Business  
2710 GULF TO BAY BLVD  
CLEARWATER, FL 33759

Mailing Address  
2710 GULF TO BAY BLVD  
CLEARWATER, FL 33759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092005

REIN-P

CR2E098 (6/04)

4. FEI Number  
59-3685747

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RYBAK, JOSEPH  
2710 GULF TO BAY BLVD  
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Joseph F. Rybak*  
Signature, typed or printed name of registered agent and title if applicable.

JOSEPH F. RYBAK

3/14/2005

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME RYBAK, JOSEPH  
STREET ADDRESS 2710 GULF TO BAY BLVD  
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE S ☐ Delete  
NAME RYBAK, KAREN  
STREET ADDRESS 2710 GULF TO BAY BLVD  
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME JOSEPH F. RYBAK  
STREET ADDRESS 1719 BEACH BLVD LOT 1045  
CITY-ST-ZIP JACKSONVILLE, FL 32252

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph F. Rybak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/14/2005

9042239196  
Daytime Phone #

PS 1 92

FILED

05 APR - 1 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



APR 01 2005

PS 292

EXPRESS WINGS OF PINELLAS

FIN 59-3685-947

14019 BENCH BLVD LUT 1045

JACKSONVILLE, FL 32250

To TINA ROBERTS

I am asking for a waiver on my  
Reinstatement as I did not receive any  
notice for 2004. After going into  
bankruptcy, I moved to JACKSONVILLE,

Thank you

Joseph Rybak President  
(JOSEPH RYBAK)