

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FOR  
REINSTATEMENT

DOCUMENT # P01000003610

1. Corporation Name

STEVE & JANICE, INC.

Principal Place of Business

3936 OSPREY CT  
WESTON FL 33331

Mailing Address

3936 OSPREY CT  
WESTON FL 33331

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

*Flowers On The Promenade*  
*10031 Clearing Blvd*  
*Plantation, Fla*

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/2001

5. FEI Number

65-1069498

Applied For

Not Applicable

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
P	FELENCZAK, STEVE	3936 OSPREY CT	WESTON FL 33331
VT	FELENCZAK, JANICE	3936 OSPREY CT	WESTON FL 33331

500008544835  
10/29/02--01038--010 \*\*150.00

*PR w/s*

8. Name and Address of Current Registered Agent

FELENCZAK, STEVE  
3936 OSPREY CT  
WESTON FL 33331

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
*Janice Feleńczak*  
REGISTERED AGENT MUST SIGN

Date

*10/24/02*

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.

SIGNATURE:

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

Date

Daytime Phone #

*10/24/02 954-476-6500*

CR2E040 (8/02)



October 23, 2002

Please mail us the appropriate forms to fill for UBR. As we did not receive any notices about this.

Please use our company address as our home address is not good for business.

"Flowers on the Promenade"  
10031 Cleary Blvd.  
Plantation, Fla 33324  
954-476-6500  
1-800-864-631

Thanks  
Janice Feleng  
VP

