

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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2006 OCT 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000024828

1. Corporation Name

GERARD L. SAMOLESKI, P.A.

2. Principal Office Address

9563 LAKE SERENA DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33496

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2001

5. FFL Number

65-1089416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GERARD L. SAMOLESKI

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

9563 LAKE SERENA DR.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

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

REGISTERED AGENT MUST SIGN

Date 09/27/2006

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	GERARD L. SAMOLESKI	9563 LAKE SERENA DR.	BOCA RATON, FL 33496

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/27/2006

Date

(305) 609-6755

Daytime Phone #

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Gerard L. Samoleski, P.A.

9563 Lake Serena Drive
Boca Raton, Florida 33496
(305) 609-6755

October 10, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Gerard L. Samoleski, P.A. (P01000024828)
Corporate Reinstatement

Dear Sir or Madam:

The purpose of this letter is to respond to your notice number 906A00058628 (enclosed). We respectfully request abatement of the \$600 reinstatement fee as the reinstatement notice was not forwarded to the new address in 2004, the year of administrative dissolution.

Please reinstate the above corporation at your earliest convenience. Should you have any questions, please do not hesitate to contact me at the number above.

Sincerely,



Gerard L. Samoleski, III

Enclosures