

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 FEB -5 AM 10:46


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700087710847
02/08/07--01005--020 **1350.00

REINSTATEMENT 03-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000069788

1. Corporation Name

Zofia Drozdowski Corporation

2. Principal Office Address - No P.O. Box #
1503 57th Avenue West

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bradenton, Florida

City & State

Zip
34207

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
07/16/2001

5. FEI Number
651124842

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
Zofia Drozdowski

Street Address (P.O. Box Number is Not Acceptable)
331 Mc Arthur Avenue

Suite, Apt. #, Etc.

City
Sarasota, Florida

State
FL

Zip Code
34243

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Zofia Drozdowski

REGISTERED AGENT MUST SIGN

Date *1/29/07*

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/D	Zofia Drozdowski	331 Mc Arthur Avenue	Sarasota, Florida 34243

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:

Zofia Drozdowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

Date

726-0006

Daytime Phone #

2/7a