

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000032691

1. Corporation Name

BELSKI COMMUNICATIONS CONSULTING, INC.

Principal Place of Business

13343 KINGBURY DR  
WELLINGTON FL 33414

Mailing Address

13343 KINGBURY DR  
WELLINGTON FL 33414

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/2002

5. FEI Number

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
PTD	BELSKI, MICHAEL J	13343 KINGBURY DR	WELLINGTON FL 33414
S	BELSKI, ELEANOR	13343 KINGBURY DR	WELLINGTON FL 33414

300030502563  
03/16/04--01018--003 \*\*150.00

300030502563  
04/20/04--01058--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELSKI, MICHAEL J  
13343 KINGBURY DR  
WELLINGTON FL 33414

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

REGISTERED AGENT MUST SIGN

Date

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:

*Michael J. Belski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/03

Date

561-866-7949

Daytime Phone #

CR2040 (7/03)

2072

**BELSKI COMMUNICATIONS CORPORATION**  
**13343 KINGSBURY DRIVE**  
**WELLINGTON, FL 33414**

December 27, 2003

Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

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To Whom It May Concern:

This letter is to notify you that I did not receive the previous UBR filing notification and would like to reinstate the corporation per the instructions in the Notice of Administrative Dissolution or Revocation.

Enclosed is the \$150 filing fee.

Sincerely,



Michael J. Belski  
President