

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV -5 AM 10:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000081082**

1. Corporation Name

KORENIUK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

29 ROCKEFELLER DR
ORMOND BEACH FL 32176

29 ROCKEFELLER DR
ORMOND BEACH FL 32176

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

07/25/2002

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
D	KORENIUK, WASYL	29 ROCKEFELLER DR	ORMOND BEACH FL 32176
D	KORENIUK, PAUL	29 ROCKEFELLER DR	ORMOND BEACH FL 32176

900023863909
10/16/03--01087--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURDEN, GEORGE D E
434 N HALIFAX AVE STE 1
DAYTONA BEACH FL 32118

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

Wasyk Koreniuk

REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

PAUL KORENIUK
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/03

Daytime Phone #

CR20040 (7/03)

ROSS & BURDEN, P.A.
ATTORNEYS AT LAW

LEONARD R. ROSS*
GEORGE D.E. BURDEN**

* Board Certified in Marital & Family Law
**Member National Academy of Elder Law Attorneys

434 NORTH HALIFAX AVENUE, Suite#1
DAYTONA BEACH, FLORIDA 32118

OFFICE: (386) 258-5069
FAX: (386) 258-0030

October 13, 2003

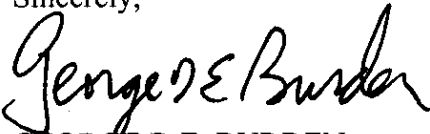
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

~~RE: Request for Waiver of Reinstatement Fee~~

Dear Staff:

Request a waiver of the \$600.00 reinstatement fee for the reason that the corporation did not receive any paperwork from your office for 2003. Thank you for your consideration.

Sincerely,



GEORGE D.E. BURDEN
Registered Agent

cc: Wasył Koreniuk