

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

04 JAN -5 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000106257

1. Corporation Name

TERRANCE MALECKI METAL FRAMING INC.

Principal Place of Business

Mailing Address

1036 CORKWOOD DRIVE  
OVIEDO FL 32765  
US

1036 CORKWOOD DRIVE  
OVIEDO FL 32765  
US

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

REINSTATEMENT 03-04



100025969471

01/05/04--01017--002 \*\*908.75

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/2002

5. FEI Number

Applied For

61-1427013

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MALECKI, TERRANCE P	1036 CORKWOOD DRIVE	OVIEDO FL 32765
VP	OLIVERI, ANTONIO	667 ASHFORD OAKS #201 6267 BENT PINE DR #1132A	ALTAMONTE SPRINGS FL 32714 ORLANDO FL 32822
Tres	Behamwo Steve	1036 CORKWOOD DR	OVIEDO FL 32765

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TERRANCE, MALECKI P  
1036 CORKWOOD DRIVE  
OVIEDO FL 32765

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

*Terrance P. Malecki*  
REGISTERED AGENT MUST SIGN

Date 10-10-03

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:

TERRANCE P. MALECKI  
*Terrance P. Malecki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03 321-229-8190

CR2040 (7/03)