

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 31 PM 3:00

DOCUMENT # P02000124311

1. Corporation Name

Janet Bolinski PA

REINSTATEMENT 20/2

2. Principal Office Address - No P.O. Box #

6 Grosbeak Lane

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34114

Country

US

3. Mailing Office Address

6 Grosbeak Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34114

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2002

5. FEI Number

38-3665913

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

Janet E Bolinski

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

6 Grosbeak Lane

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34114

500243167755
12/31/12--01031--014 **750.00

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

Janet E Bolinski
REGISTERED AGENT MUST SIGN

Date **12/27/2012**

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
PST	Janet E Bolinski	6 Grosbeak Lane	Naples, FL 34114

10. E-mail Address: **janet@janetasada.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Janet E Bolinski

12/27/2012

239-250-6836

DEC 31 2012
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