

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -6 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000124473

1. Corporation Name

M & J DOSKOWSKI PAINTING, INC

2. Principal Office Address

202 WOODLAND RD

3. Mailing Office Address

THIS SAME AS OFFICE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM SPRINGS, FL

City & State

Zip

33461

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/2002

5. FEI Number

33-1031406

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

MAREK DOSKOWSKI

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

202 WOODLAND RD

Suite, Apt. #, Etc.

City

PALM SPRINGS

State

FL

Zip Code

33461

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

REGISTERED AGENT MUST SIGN

Date **03/15/2004**

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
PRES	ANNA DOSKOWSKI	202 WOODLAND	PALM SPRINGS, FL 33461
VICE	MAREK DOSKOWSKI	202 WOODLAND	PALM SPRINGS, FL 33461
DIREC	JAN NIEWIADOMSKI	155 KIDARE DR	SEBASTIAN, FL 32958

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 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:

MAREK DOSKOWSKI VICE-PRESIDENT 03/15/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M & J Doskowski Paintings, Inc.

**202 Woodland Rd., Palm Springs, FL 33461
Phone: 561 641.8481**

Palm Springs, March 15, 2004

**FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

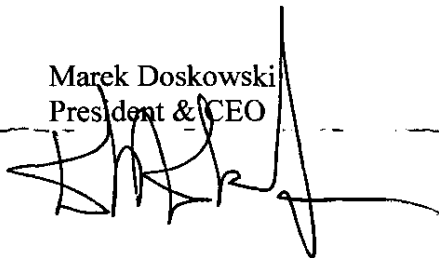
To Whom It May Concern:

Could you please reinstate my corporation and waive \$600.00 reinstate fee because our Corporation M & J Doskowski Painting, Inc did not receive Uniform Business Report Form. When we asked for Worker's Compensation Exemption for Corporation's Officers, we found that our corporation was not registered. So, we called to you and asked what we had to do in this case. Your officer told us to wright the letter with our explanation. Please find money order for \$300.00 for two years Annual Report Fees and two years Corporate Supplemental Fees.

Thank you for your consideration.

Sincerely,

Marek Doskowski
President & CEO

A handwritten signature in black ink, appearing to be 'Marek Doskowski', written over a horizontal line.