

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 12 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P. 0200012 4473

1. Corporation Name

M&J. DOSKOWSKI PAINTING, INC.

2. Principal Office Address

202 WOODLAND RD

Suite, Apt. #, etc.

PALM SPRINGS

City & State

FLORIDA

Zip

33461

Country

3. Mailing Office Address

8055 99TH AVE

Suite, Apt. #, etc.

VERO BEACH

City & State

FLORIDA

Zip

32967

Country

REINSTATEMENT

CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

11.18.2002

5. FEI Number

33-1031406

Applied For

Not-Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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)

8055 99TH AVE

Suite, Apt. #, Etc.

VERO BEACH FL.

City

State
FL

Zip Code

32967

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

DOSKOWSKI Marek

REGISTERED AGENT MUST SIGN

Date

10/08/06

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
PREZ.	ANNA DOSKOWSKI	8055 99TH AVE	VERO BEACH FL 32967
V-PREZ.	MAREK DOSKOWSKI	8055 99TH AVE	VERO BEACH FL 32967

100080755891
10/12/06-01011-015 **200.00

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 contained in Chapter 119, 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:

DOSKOWSKI Marek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/06

Date

772 633 09 63

Daytime Phone #

Oct. 8, 2006 -

Could you please waive the reinstatement fee. Our Corporation did not receive the annual report notices due to changing address.

thank you

Alie Dorkowski