

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUN 25 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124745

1. Corporation Name

ELENA KOLOVRAT CNM INC

W09-28050

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

133 N.E. 2nd Ave

3. Mailing Office Address

133 N.E. 2nd Ave.

Suite, Apt. #, etc.

Apt. 713

Suite, Apt. #, etc.

Apt. 713

City & State

Miami FL

City & State

Miami FL

Zip

33132

Country

USA

Zip

33132

Country

USA

**REINSTATEMENT 05-09**

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/10/02 11/20/02

5. FEI Number

55-0808938

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

Elena Kolovrat CNM

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

133 N.E. 2nd Ave

Suite, Apt. #, Etc.

Apt. 713

City

Miami

State

FL

Zip Code

33132

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Elena Kolovrat

Date 06/08/09

REGISTERED AGENT MUST SIGN

**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
Director	<u>Elena Kolovrat, CNM</u>	<u>133 NE 2nd Ave Apt. 713</u>	<u>Miami, FL 33132</u>

800157042918  
06/11/09--01055--013 \*\*750.00

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:

Elena Kolovrat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/08/09 239-220-4421

Date

Daytime Phone #