

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 PM 2:29

DOCUMENT # P03000025180

1. Corporation Name

KATHLEEN G KOZINSKI, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400172222704
03/22/10--01051--029 **\$600.00

REINSTATEMENT 07-10

400172222704
03/15/10--01060--017 **\$750.00
CR2E081 (11/09)

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

3. Mailing Office Address

1061 E Indiantown Road

WID --- 13162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

416

City & State

City & State

Jupiter, Florida

7

Zip

Country

Zip

Country

33477

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/3/03

5. FEI Number

061682233

☒ 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

KATHLEEN G KOZINSKI

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

1061 E Indiantown Rd

Suite, Apt. #, Etc

416

City

Jupiter FL

State

FL

Zip Code

33477

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/10/10

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
<u>Pres</u>	<u>KATHLEEN G KOZINSKI</u>	<u>1061 E Indiantown Rd</u>	
		<u>Suite 416</u>	
		<u>Jupiter FL 33477</u>	
	REINSTATEMENT	RH	

10. E-mail Address: KKOZINSKI@EARTHLINK.NET

(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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/10 561-748-0042

Date

Daytime Phone #