

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -7 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000150475**

1. Corporation Name

ROBERT ONISHENKO TRIM CORP.
10133 GROVE DRIVE
PORT RICHEY, FL 34668-3404

2. Principal Office Address

10133 GROVE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

10133 GROVE DRIVE

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

Zip

34668

Country

USA

City & State

PORT RICHEY, FL

Zip

34668

Country

USA

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

1-1-04

5. FEI Number

58-9051725

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

ROBERT ONISHENKO

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

10133 GROVE DRIVE

Suite, Apt. #, Etc.

City

PORT RICHEY

State

FL

Zip Code

34668

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

Robert Onishenko

Date

1-2-05

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
1)	ROBERT ONISHENKO	10133 GROVE DRIVE	PORT RICHEY FL 34668

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:

Robert Onishenko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-05 727-919-9931

Daytime Phone #

CR2E081 (01/04)