

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

FILED

06 MAR 16 PM 1:05

SECRET
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 04000000162

1. Corporation Name

ANDREY SAMCHUK CORP.

WOB-11330

2. Principal Office Address

1237 SAVERY ST.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

NORTH PORT, FL.

City & State

Zip

34287

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/2003

5. FEI Number

20-0421450

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

ANDREY SAMCHUK

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

1237 SAVERY ST.

Suite, Apt. #, Etc.

City

NORTH PORT

State

FL

Zip Code

34287

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]

Date

3.1.6

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
P	ANDREY SAMCHUK	1237 SAVERY ST.	NORTH PORT, FL 34287

600069447596
04/04/06--01055--010 **450.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.1.6

Date

Daytime Phone #

To Whom Is My Concern:

This is to inform you that I did not receive the notice for my corporation's renewal with the State of Florida for 2004.

On October 21, 2004 you administratively dissolved the corporation thus resulting in no notice being sent for 2005.

Enclosed you will find my check for three years in the amount of \$450.

Thank you for your assistance.

Andrey Samchuk.

A handwritten signature in black ink that reads "Andrey Samchuk". The signature is written in a cursive style with a large, stylized 'S'.