

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000128607**

1. Corporation Name

Matthew R. Stachurski P.A

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

3492 Grand Cypress Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34119

Country

USA

Zip

Country

REINSTATEMENT 07-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/2004

5. FEI Number

20-1629972

☐ 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

Matthew R. Stachurski *

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

3492 Grand Cypress Ct

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

900183132979
07/09/10--01035--009 **\$87.50

8/25/09 01024 005 52125

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

REGISTERED AGENT MUST SIGN

Date **6/20/2010**

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 | Matthew R Stachurski | 3492 Grand Cypress Ct | Naples FL 34119 |
| | | | |
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| | | | |
| | | | |
| | | | |

10. E-mail Address: **mattremax@aol.com**

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/2010 239-823-1222

7/12/20