

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000006054

1. Corporation Name

WL KOLINSKI INC.

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

3. Mailing Office Address

Suite, Apt. #, etc.

1650 WESTLUND AVE

Suite, Apt. #, etc.

PO BOX 500324

City & State

SE PALMBAY

City & State

MALABAR FLORIDA

Zip

Country

32909

US

Zip

Country

32950

US

600145413576
03/10/09--01003--018 **600.00

REINSTATEMENT

06-09

4. Date Incorporated or Qualified
To Do Business in Florida

3/4/09

5. FEI Number

20-2058394

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

WILLIAM L KOLINSKI

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

1650 WESTLUND AVE

Suite, Apt. #, Etc.

PALMBAY

City

State

Zip Code

FL

32909

☒ 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

William L Kolinski

Date

3/4/09

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
SDPV/D	WILLIAM L KOLINSKI	1650 WESTLUND AVE	PALMBAY FL 32909

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:

William L Kolinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/09

Date

(321) 987-7622

Daytime Phone #