

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 APR -7 AM 7:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000119107

1. Corporation Name

Grygoriy Services Inc

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

621 West Surf Spray Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, Florida

Zip

32082

Country

City & State

Zip

Country

700122546227  
04/08/08--01015--008 \*\*450.00

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
203397211

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

Grygoriy P Kurylenko

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

621 West Surf Spray Lane

Suite, Apt. #, Etc.

City

Ponte Vedra Beach, Florida

State

FL

Zip Code

32082

☒ 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

REGISTERED AGENT MUST SIGN

Date 04/03/2008

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
Pres	Grygoriy P Kurylenko	621 West Surf Spray Lane	Ponte Vedra Beach, Florida 32082
Dir	Tatyana I Stepanchuk	621 West Surf Spray Lane	Ponte Vedra Beach, Florida 32082

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/03/08 904/891-8774

Daytime Phone #

S. Mitchell APR 7 2008