

PO9000002141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

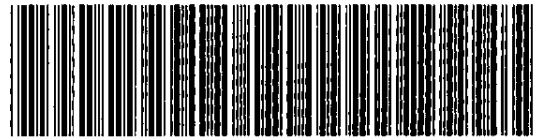
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/14/10--01007--019 **52.50

FILED

11 FEB 15 PM 12:54

Amend
02-16-11

DL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2010

ADAM WISNIEWSKI
3 A CONSTRUCTION INC
572 TROPICAL WAY
FREEPORT, FL 32439

SUBJECT: 3 A CONSTRUCTION INC
Ref. Number: P09000002141

We have received your document for 3 A CONSTRUCTION INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2010 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$750.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2010 Annual Report and Supplemental Fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 310A00024371

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 3A CONSTRUCTION INC.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM WISNIENSKI
Name of Contact Person

3A CONSTRUCTION INC
Firm/ Company

572 TROPICAL WAY
Address

FREEPORT FLORIDA 32439
City/ State and Zip Code

awis34@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM WISNIENSKI at (850) 368-4660
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

on adopts the following

(Document Number of Corporation (if known))

PAID BY CHECK NR 185 DATE 10/07/10

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
 (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>ANDRZEJ KALINA</u>	<u>108 DON BISHOP RD</u> <u>IT - 2 SANTA ROSA BCH</u> <u>FL 32459</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>RADOSLAW GABIEWSKI</u>	<u>572 TROPICAL WAY</u> <u>FREEDPORT FL 32439</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
 (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 10-06-2010
(date of adoption is required)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

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