

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC -2 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017264

1. Corporation Name

IZYKOWSKI MAINTENANCE CORP.

Principal Place of Business

Mailing Address

4840 BONITA RD
VENICE FL 34293
US

4840 BONITA RD
VENICE FL 34293
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/03/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0392382	
				Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 - Additional fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	IZYKOWSKI, EUGENIUSZ	4840 BONITA RD	VENICE FL
V	IZYKOWSKI, TERESA	4840 BONITA RD	VENICE FL
			3080002021713-6
			-12/06/96--01019--002
			***375.00 ***375.00
REINSTATEMENT 1996			
Q. Alan			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ZABOLOTNY, STEVE % VESTA CORPORATION 8800 49TH STREET NORTH, SUITE 408-5 PINELLAS PARK FL 34668		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] **REGISTERED AGENT MUST SIGN** Date November 27, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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** Date 11-25-96 Daytime Phone # 941-496 4430