

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040869

1. Corporation Name

A. MANDZIAK CO., INC.

2. Principal Office Address

710 SOUTH OCEAN BLVD

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33062

Country

3. Mailing Office Address

710 SOUTH OCEAN BLVD

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33062

Country

FILED
04 APR 19 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200033096382
04/19/04--01074--010 **\$600.00

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 06/03/1993

5. FEI Number

59-3185816

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

ANDRZEJ MANDZIAK

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

710 SOUTH OCEAN BLVD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State
FL

Zip Code
33062

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

4/12/04

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	ANDRZEJ MANDZIAK	710 SOUTH OCEAN BLVD	POMPANO BEACH FL 33062

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 under section 119.07(3)(f), 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

4/12/04

Date

954-785-9713

Daytime Phone #

PS 272

April 14th, 2004

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE FL 32314

RE: **A. Mandziak Co., Inc.**
File # **P93000040869**

Dear Madam, Sir,

Along with this letter we are sending the Corporation Reinstatement form
for **A. Mandziak Co., Inc.**

We have not received the initial mailing of the AR, and just recently noticed that the
address is incorrect with Department of State, therefore we are sending you this
form with the check for the amount of \$600.00.

We ask that, you accept this form together with the check and respectfully request,
that you wave any penalties.

Your cooperation in this matter will be gratefully appreciated.

Sincerely,

Andrzej Mandziak
President

Enclosed with this letter is the Corporation Reinstatement form
and a check for the amount of \$600.00.