

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000017000

1 Corporation Name

MUKOSZAK INTERNATIONAL INC.

Principal Place of Business

Mailing Address

5070 N OCEAN DRIVE
#220
SINGER ISLAND FL 33404
US

5070 N OCEAN DRIVE
#220
SINGER ISLAND FL 33404
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

03/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0504371

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
D	SZORENYI, ZSOLT	5070 N. OCEAN DR., #220	SINGER ISLAND FL 33404
S	SZORENYINE, AGNES	5070 N OCEAN DR #220	SINGER ISLAND FL

100002042271--2
-12/31/96--01061--016
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HART, DAVID J
100 N BISCAYNE BLVD
SUITE 1717
MIAMI FL 33132

#2600

Name

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

Suite, Apt. #, Etc.

2600

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

David J. Hart

Date

Dec 22/96

REGISTERED AGENT MUST SIGN

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:

ZSOLT SZORENYI 12/01/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #