

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

DOCUMENT # P94000052460

1. Corporation Name

STYP ENTERPRISES, INC.

97 JAN -3 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6730 HATTERAS DR  
LAKE WORTH, FL  
33467

P.O. Box 747  
BOYNTON BEACH, FL  
33425

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

7/15/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

LAKE WORTH, FL

6730 HATTERAS DR

65-0520732

Not Applicable

City & State

City & State

33467

USA

LAKE WORTH, FL

Zip

Country

Zip

Country

33467

USA

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	CHARLES J. STYPULKOWSKI	6730 HATTERAS DR	LAKE WORTH, FL 33467
V.P.	JANET L. STYPULKOWSKI	"	"
			500002050075-2
			-01/08/97-01031-009
			****575.00 ****575.00

8. Name and Address of Current Registered Agent

REINSTATEMENT

9. Name and Address of Current Registered Agent

R. BRUCE CRANMER, P.A.  
1401 UNIVERSITY DR  
SUITE 302  
CORAL SPRINGS, FL 33071

Name

CHARLES J. STYPULKOWSKI

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

6730 HATTERAS DR

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

Charles J. Stypulowski  
REGISTERED AGENT MUST SIGN

Date 12-30-96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Charles J. Stypulowski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-30-96