

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

1997 APR -7 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068311

1. Corporation Name

SARNECKI CORPORATION

Principal Place of Business

1335 SW 122 WAY  
PEMBROKE PINES FL 33025

Mailing Address

1335 SW 122 WAY  
PEMBROKE PINES FL 33025



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

2. New Principal Office Address, If Applicable

~~5432 SE NASSAU TER~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~5432 SE NASSAU TER~~

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/1994

5. FEI Number

65-0527025

Applied For

Not Applicable

City & State

STUART, FL

City & State

STUART, FL

Zip

34997

Country

USA

Zip

34997

Country

6. 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
<del>P</del>	<del>SARNECKI, JOHN</del>	<del>1335 SW 122 WAY</del>	<del>PEMBROKE PINES FL</del>
P	SARNECKI, JOHN	5432 SE NASSAU TER	STUART, FL, 34997
			500002137105--4
			04/08/97--01/40--022
			***915.00 ***915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

SARNECKI, JOHN  
1335 SW 122 WAY  
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name  
SARNECKI, JOHN  
Street Address (P.O. Box Number is Not Acceptable)  
5432 SE NASSAU TER  
Suite, Apt. #, Etc.

City

STUART, FL

State

FL

Zip Code

34997

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 9/24/96

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 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

9/24/96 (561) 287-0405  
Date Daytime Phone #

CP21040 (7/96)