

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 NOV 18 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000085814**

1. Corporation Name

**SZAFRANSKI GROUP INC.**

Principal Place of Business

Mailing Address

734 LAKE FOREST ROAD  
CLEARWATER FL 34625

734 LAKE FOREST ROAD  
CLEARWATER FL 34625

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/1995

5. FEI Number

59-3344464

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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	SZAFRANSKI, STEPHEN W	734 LAKE FOREST ROAD	CLEARWATER FL 34625
D	SZAFRANSKI, ROBERT	1200 73RD STREET NO. OCEAN	MARATHON FL 33060
D	SZAFRANSKI, CHERYL	1200 73RD STREET NO. OCEAN	MARATHON FL 33060
D	SZAFRANSKI, JEROME	616 COLLEGE HILL DRIVE	CLEARWATER FL 34625
			200002010752--8
			-11/21/96--01022--007
			***375.00 ***375.00
			DB11-19-96

8. Name and Address of Current Registered Agent

LANTOS, EDWARD J  
2967 62ND AVENUE SOUTH  
ST. PETERSBURG FL 33712

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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 REQUIRED**

Date

10/20/1996

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:

**SIGNATURE REQUIRED**

11-11-96

813-791-6263

Date

Daytime Phone #