

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

98 JAN -9 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000030386**

1. Corporation Name
FIMAK, INC.

Principal Place of Business
**2455 EAST SUNRISE BLVD., SUITE 1216
% POLATSEK AND SCLAFANI
FT. LAUDERDALE FL 33304**

Mailing Address
**2455 EAST SUNRISE BLVD., SUITE 1216
% POLATSEK AND SCLAFANI
FT. LAUDERDALE FL 33304**



REINSTATEMENT

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

2. New Principal Office Address, If Applicable
FIMAK INC.

3. New Mailing Office Address, If Applicable
FIMAK INC.

4. Date Incorporated or Qualified
To Do Business in Florida **04/01/1996**

Suite, Apt. #, etc.
JEFFERSON DR. #208
City & State
DEERFIELD BEACH
Zip
FL 33442 Country
USA

Suite, Apt. #, etc.
JEFFERSON DR. #208
City & State
DEERFIELD BEACH
Zip
FL 33442 Country

5. FEI Number
Applied For ☐ Not Applicable ☐
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)

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	NOWOGRODZKI, RYSZARD	2455 EAST SUNRISE BLVD., SUITE 1	FT. LAUDERDALE FL 33304
D	KRYZWICKA, DOROTA	2455 EAST SUNRISE BLVD., SUITE 1	FT. LAUDERDALE FL 33304
			000002398028-4 -01/13/98--01030--023 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

**NOWOGRODZKI, RYSZARD
2455 EAST SUNRISE BLVD., SUITE 1216
% POLATSEK AND SCLAFANI
FT. LAUDERDALE FL 33304**

9. Name and Address of New Registered Agent

Name
NOWOGRODZKI RYSZARD
Street Address (P.O. Box Number is Not Acceptable)
420 JEFFERSON DR. # 208
Suite, Apt. #, Etc.
26/208
City
DEERFIELD BEACH State
FL Zip Code
33442

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

REGISTERED AGENT MUST SIGN

Date **1.01.98.**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D. KRZYWICKA

1.01.98. 5718029

CR25040 (8/97)