

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/23/02--01057--005 \*\*150.00

DOCUMENT # P96000068659

1. Corporation Name

JOHN SHUTOWICK AND ASSOCIATES INC

Principal Place of Business

~~4778 W. COMMERCIAL BLVD~~  
TAMARAC FL 33319  
US

Mailing Address

~~4778 W. COMMERCIAL BLVD~~  
TAMARAC FL 33319  
US

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

2. New Principal Office Address, If Applicable

3620 Terrapin Lane # 808  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Zip 33067 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1996

5. FEI Number

65-0689405

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SHUTOWICK, JOHN	<del>4778 WEST COMMERCIAL BLVD</del>	TAMARAC FL 33319
		3620 Terrapin Lane # 808	Coral Springs FL 33067

8. Name and Address of Current Registered Agent

SHUTOWICK, JOHN M  
4778 W. COMMERCIAL BLVD  
TAMARAC FL 33319

9. Name and Address of New Registered Agent

Name John M Shutowick  
Street Address (P.O. Box Number is Not Acceptable)  
3620 Terrapin Lane  
Suite, Apt. #, Etc. # 808  
City Coral Springs State FL Zip Code 33067

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/18/02

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/02

Daytime Phone #

954-735-3868

CR2E040 (8/02)

2nd 2

12-18-2002

From: John Shutowick and Associates  
65-0689405  
3620 Terrapin Lane #808  
Coral Springs, FL 33067

Dear Sir or Madam:

The enclosed, "application for reinstatement" was forwarded to me by the current tenants of my previous business location. I left the Commercial Blvd. location over a year ago.

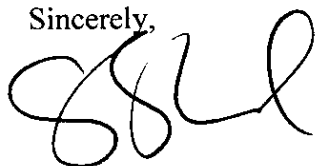
Prior to this act of courtesy, I had not received any correspondence from the Florida Department of State.

Please accept the enclosed check along with the amended "UBR" application. I am requesting a waiver of the late payment fees.

In the future, I will be more cognizant of notify **all** entities of any change of address.

Thank you for you help in resolving this matter.

Sincerely,



John M. Shutowick  
President