

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
DIVISION OF CORPORATIONS

FILED

02 MAR 11 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000029715**

1. Corporation Name

**BARANOWICZ AND CALDERON, P.A.**

Principal Place of Business

Mailing Address

~~355 WEST VENICE AVENUE  
VENICE FL 34285~~

355 WEST VENICE AVENUE  
VENICE FL 34285



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

4. Date Incorporated or Qualified To Do Business in Florida

04/01/1998

~~145 E. MIAMI AVE~~

~~145 E. MIAMI AVE~~

5. FEI Number

02-0555259

Applied For

City & State  
~~VENICE, FL~~

City & State  
~~VENICE, FL~~

Not Applicable

Zip ~~34285~~ Country ~~USA~~

Zip ~~34285~~ Country ~~USA~~

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	4 City / State / Zip
D	BARANOWICZ, PETER S	4411 VIOLET AVENUE	SARASOTA FL 34233
D	CALDERON, PAMELA T	PO BOX 218	VENICE FL 34284
			<del>500005194205-5</del>
			<del>-04/05/02--01015--003</del>
			<del>****300.00 ****300.00</del>
			<b>REINSTATEMENT TO</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALDERON, PAMELA T  
~~355 WEST VENICE AVENUE~~  
VENICE FL 34285

~~145 E. MIAMI-AVE~~

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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

*Pamela T. Calderon*

REGISTERED AGENT MUST SIGN

Date

*3/8/02*

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.

*PAMELA T. CALDERON*

SIGNATURE:

*Pamela T. Calderon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/8/02 (941) 483-4614*

Date

Daytime Phone #

CR2E040 (8/01)