

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

145 E. MIAMI AVE

145 E. MIAMI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VENICE, FL

VENICE, FL

Zip

Country

Zip

Country

34285

USA

34285

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1998

5. FEI Number

02-0555259

Applied For

65-083-1028

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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALDERON, PAMELA T

355 WEST VENICE AVENUE 145 E. MIAMI AVE

VENICE FL 34285

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

SIGNATURE:

PAMELA T. CALDERON
Pamela T. Calderon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/02 (941) 483-4614

CR2E040 (8/01)