

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 25 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000102793**

**1. Corporation Name**

**Kaczynski and Associates, Inc**

**REINSTATEMENT** 03-04

**2. Principal Office Address**

**288 Lakeview Terrace**

Suite, Apt. #, etc.

**City & State**

**Palm Harbor, FL**

**Zip**

**34683**

**Country**

**3. Mailing Office Address**

**- SAME -**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**200030946932**

**03/23/04--01106--003 \*\*300.00**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**11/1/1999**

**5. FEI Number**

**593556416**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**Amy Kaczynski**

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

**288 Lakeview Terrace**

**Suite, Apt. #, Etc.**

**City**

**Palm Harbor**

**State**

**FL**

**Zip Code**

**34683**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

**Amy Kaczynski**  
REGISTERED AGENT MUST SIGN

**Date Mar 17, 2004**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>P</b>	<b>Amy Kaczynski</b>	<b>288 Lakeview Terrace</b>	<b>Palm Harbor, FL 34683</b>
<b>VP</b>	<b>Kenneth Kaczynski</b>	<b>288 Lakeview Terrace</b>	<b>Palm Harbor, FL 34683</b>

**10. 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:**

**Amy Kaczynski**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Amy KACZYNSKI**

**Mar 17, 2004**

**Date**

**727 772 0895**

**Daytime Phone #**

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

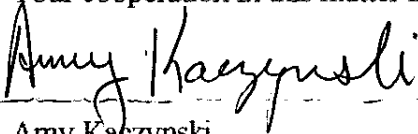
March 17, 2004

Subject: reinstatement of Kaczynski and Associates (document: P98000102793)

Dear Sir/Madam:

Attached is the Corporate Reinstatement form along with a check for \$300.00 requesting reinstatement for this corporation that is currently inactive because the 2003 annual report was not filed. The corporation moved during late 2002 and apparently the new mailing address was not entered into the state's records therefore the 2003 annual report was never received. The post office was supplied with a mail forwarding address but this apparently didn't work either. Please accept this check as full payment for the reinstatement fee to bring the corporation into active status through 2004.

Your cooperation in this matter is greatly appreciated.



Amy Kaczynski  
President  
Kaczynski and Associates  
288 Lakeview Terrace  
Palm Harbor, FL 34683  
727-772-0895