

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Name/line Here  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 00 OCT 20 AM 11:20  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P99000083200

1. Corporation Name

SHARON FILIPOWSKI, P.A.

Principal Place of Business 5307 ITHACA LANE SARASOTA FL 34243	Mailing Address 5307 ITHACA LANE SARASOTA FL 34243
--	--



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/15/1999	
City & State		City & State		5. FEI Number	
Zip		Country		- 65-0949325 -	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P-T S	SHARON FILIPOWSKI	5307 ITHACA LN.	SARASOTA FL 34243

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FILIPOWSKI, SHARON 5307 ITHACA LANE SARASOTA FL 34243		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: *Sharon Filipowski* REGISTERED AGENT MUST SIGN Date: 10-17-00

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: *Sharon Filipowski* KE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10-17-00 Daytime Phone #: 941-355-5856

CR2E040 (8/00)

Department of State,

On April 6, 2000 I mailed my corp. annual report with all fees along with my husbands report + fees. On Oct. 12, 2000 the Dept of State said they hadn't received. When we called 850-487-6059 they were told to just fill out the reinstatement form, sign it and send it along with a check to you.

Thanks,  
Sharon Filipowski