

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # S82162

1. Corporation Name  
BETTY ROCHNOWSKI EA. INC.

Principal Place of Business  
187 W. COWLES STREET  
ENGLEWOOD FL 34223

Mailing Address  
187 W. COWLES STREET  
ENGLEWOOD FL 34223

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

2. New Principal Office Address, If Applicable  
40 VIRGINIA COURT  
Suite, Apt. #, etc.  
City & State  
ENGLEWOOD FL  
Zip  
34223  
Country  
SARASOTA

3. New Mailing Office Address, If Applicable  
40 VIRGINIA COURT  
Suite, Apt. #, etc.  
City & State  
ENGLEWOOD FL  
Zip  
34223  
Country  
SARASOTA

FILED  
00 DEC 15 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida  
09/24/1991 SP  
5. FEI Number  
65-0282360  
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ROCHNOWSKI, BETTY	40 VIRGINIA COURT	ENGLEWOOD FL 34223
D	WYANDT, VALERIE	1311 E. VENICE AVE	VENICE FL 34292

000003514520--0  
-12/27/00--01064--001  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROCHNOWSKI, BETTY 40 VIRGINIA COURT 187 W. COWLES STREET ENGLEWOOD FL 34223	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 Betty Rochnowski Date 12-11-00  
REGISTERED AGENT MUST SIGN

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: Betty Rochnowski 12-11-00 941-474-9099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #