PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT -8 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01945

1. Corporation Name
Pikato, Inc.

Principal Place of Business	Mailing Address
9957 Twin Lakes Drive Coral Springs, FL 33071	Same

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
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12-20-91

5. FEI Number: 65-0329094 (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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/P	Andy Piekarski	9957 Twin Lakes Drive ~~Coral Springs, FL~~	Coral Springs, FL 33071
D	Wieslaw Topolski	Bruna St. 18W28	Warsaw, Poland
D	Lech Kaszycki	Kusocinskiego St 7m30	Piaseczno, Poland
T/S	Grace Piekarski	9957 Twin Lakes Dr	Coral Springs, FL 33071

REINSTATEMENT 95-97

8. Name and Address of Current Registered Agent

Andy Piekarski
9957 Twin Lakes Drive
Coral Springs, FL 33071

9. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: FL

10-8-97

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****700.00

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: ✓ Andy Piekarski — REGISTERED AGENT MUST SIGN
Date: ✓ 10-7-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: GRACE PIEKARSKI ✓ Grace Piekarski — 10-7-97 — 954-755-3483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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