

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUN -2 PM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **99000062573**

1. Corporation Name  
KURLAND HOLDINGS, INC.

100181629241  
06/02/10--01035--004 \*\*450.00

2. Principal Office Address - No P.O. Box #  
C/O STEPHEN KULVIN  
13611 DEERING BAY DRIVE

3. Mailing Office Address  
C/O STEPHEN KULVIN  
13611 DEERING BAY DRIVE

Suite, Apt. #, etc.  
#202

Suite, Apt. #, etc  
#202

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

Zip 33158 Country USA

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**REINSTATEMENT** 08-10

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida 07/14/1999

5. FEI Number 65-0933515 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$0.75 Additional Fee required for a Certificate of Status

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

Name STEPHEN KULVIN

Street Address (P.O. Box Number is Not Acceptable)  
13611 DEERING BAY DRIVE

Suite, Apt. #, Etc. #202

City CORAL GABLES

State **FL** Zip Code 33158

**PROFIT CORPORATIONS ONLY**  
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *x [Signature] Phyllis Kurland*

Date *x 5/27/10*

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	PHYLLIS M. KURLAND	9 ISLAND AVE, APT 508	MIAMI BEACH, FL 33139

*26/4*

10. E-mail Address: \_\_\_\_\_ (To be used for future annual report notification)

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. I further certify 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: *x [Signature] Phyllis Kurland* Date *x 5/27/10*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #