

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 180523

1. Corporation Name

CURCIE BROTHERS, INC.

[Handwritten signature]

REINSTATEMENT 01-03

600024654786
11/14/03--01005--008 **1050.00

2. Principal Office Address

40 GIBRALTAR BANK

Suite, Apt. #, etc.

220 ALHAMBRA CIRLE

City & State

CORAL GABLES FL 33134

Zip

33134-5101

Country

USA

3. Mailing Office Address

40 GIBRALTAR BANK

Suite, Apt. #, etc.

220 ALHAMBRA CIRLE #800

City & State

CORAL GABLES FL

Zip

33134-5101

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1954

5. FEI Number

59-072 1777

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

MICHAEL W HILL

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

40 GIBRALTAR BANK

Suite, Apt. #, Etc.

220 ALHAMBRA CIRLE # 800

City

CORAL GABLES, FL

State

FL

Zip Code

33134-5101

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

[Handwritten signature of Michael W. Hill]

REGISTERED AGENT MUST SIGN

Date 11-7-03

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
P/D	ROSE MOMPIE	1048 S.W. 2ND ST	HALLANDALE, FL 33009
T/S	MICHAEL W. HILL	220 ALHAMBRA CIRLE #800	CORAL GABLES FL 33134

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:

[Handwritten signature of Michael W. Hill]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-03 305-476-5612

Date

Daytime Phone #

CR2E081 (10/02)