

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 226141

**1. Corporation Name**

KRUTULIS FAMILY CORPORATION

**2. Principal Office Address**

8603 South Dixie Highway

**3. Mailing Office Address**

8603 South Dixie Highway

Suite, Apt. #, etc.  
Suite 406

Suite, Apt. #, etc.  
Suite 406

**City & State**

Miami, FL

**City & State**

Miami, FL

**Zip**

33143

**Country**

U.S.A.

**Zip**

33143

**Country**

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-0912538

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2001**

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

**Name**

Corporation Company of Miami

100004743171--2

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

2010 SW Biscayne Blvd.

-12/28/01--01079-024

\*\*\*\*750.00 \*\*\*\*750.00

**Suite, Apt. #, Etc.**

1500 Miami Center

100004743171--2

-12/28/01--01079-025

**City**

Miami

**State**

FL

\*\*\*\*750.00

33131

\*\*\*\*17.50

\*\*\*\*17.50

**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.**

Corporation Company of Miami

**Signature of Registered Agent** *Lalaine A. Landau*

by: Lalaine A. Landau, Assistant Secretary

REGISTERED AGENT MUST SIGN

**Date** Dec. 18, 2001

**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
CD	Krutulis, Marian	13631 Deering Bay Dr., #257	Miami, FL
SD	Perrone, Stephen L.	5600 S.W. 84 Terrace	Miami, FL
PD	Krutulis, John	7360 S.W. 166 Street	Miami, FL
TD	Fuente, Jose E.	8950 S.W. 156 Street	Miami, FL

**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:**

*Jose E. Fuente* TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-01

Date

(205) 669-5400

Daytime Phone #

CR2001 (9/00)