

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 226141

1. Corporation Name

KRUTULIS FAMILY CORPORATION

W-14559

2. Principal Office Address - No P.O. Box #

1500 San Remo Avenue

3. Mailing Office Address

1500 San Remo Avenue

Suite, Apt #, etc.

Suite 400

Suite, Apt #, etc.

Suite 400

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

7. Name and Address of Current Registered Agent

Name

Jose E. Fuente

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

1500 San Remo Avenue

Suite, Apt #, Etc

Suite 400

City

Coral Gables

State

FL

Zip Code

33146

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

Jose E. Fuente

REGISTERED AGENT MUST SIGN

Date March 18, 2010

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
D	Marian C. Krutulis	1500 San Remo Avenue, Suite 400	Coral Gables, FL 33146
D	John W. Krutulis	1500 San Remo Avenue, Suite 400	Coral Gables, FL 33146
TD	Jose E. Fuente	1500 San Remo Avenue, Suite 400	Coral Gables, FL 33146

REINSTATEMENT

RH

10. E-mail Address: fuentej@gulliverschools.org

(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:

Jose E. Fuente

Jose E. Fuente, Treasurer

March 18, 2010 305-666-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR -8 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/08/10--01050--001 **150.00

400172791634
03/22/10--01051--020 **1050.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1959

5. FEI Number

59-0912538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The 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.