

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 11:07

DOCUMENT # 401505

1. Corporation Name

GEORGE KRUMHOLZ, INC.

Principal Place of Business

169 E. FLAGLER ST., RM. 823
MIAMI FL 33132

Mailing Address

C/O NORTHERN TRUST BANK OF FLORIDA N.A.
700 BRICKELL AVE.
MIAMI FL 33131
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1972

5. FEI Number

59-1397490

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FRITH, RONALD G	700 BRICKELL AVENUE	MIAMI FL 33131
P, T, S, D	Nancy P. Halula	700 Brickell Ave, 10th Floor	Miami, FL 33131
D, V	Jennifer Hurst	700 Brickell Ave, 10th Floor	Miami, FL 33131

000004658300--1
-10/30/01--01006--024
****758.75 ****758.75

10/16/26

8. Name and Address of Current Registered Agent

NORTHERN TRUST BANK OF FLORIDA N.A.
700 BRICKELL AVENUE
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

NORTHERN TRUST BANK OF FLORIDA N.A.

Signature of
Registered Agent

BY: Nancy P. Halula **SIGNATURE REQUIRED**
Nancy P. Halula REGISTERED AGENT SIGN

Date October 17, 2001

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 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:

Nancy P. Halula **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy P. Halula, President

October 17, 2001 305-789-1183

Date

Daytime Phone #

CR2E040 (8/01)