

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F40447**

1. Corporation Name

**CURIO INVESTMENTS, INC.**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

**327 Franklin Street  
Hollywood, Florida 33019**

**SAME AS PRINCIPAL  
PLACE OF BUSINESS**

**REINSTATEMENT**

ad  
89-97

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

2. New Principal Office Address, If Applicable  
**SEE ABOVE**

3. New Mailing Office Address, If Applicable  
**SEE ABOVE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/11/81**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-2195124**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	MURRAY SHAPIRO	327 FRANKLIN STREET	HOLLYWOOD, FLORIDA 33019
STD	STEVE CUIFFO	18260 NORTHEAST 19TH. AVE.	NORTH MIAMI BEACH, FL. 33162

7000002259707--7  
-08/06/97--01093--010  
\*\*\*1758.75 \*\*\*1758.75

8. Name and Address of Current Registered Agent

**MURRAY SHAPIRO  
327 FRANKLIN STREET  
HOLLYWOOD, FLORIDA 33019**

9. Name and Address of New Registered Agent

Name

**SEE ITEM 8 FOR DETAILS**

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.

Signature of  
Registered Agent

*Murray Shapiro*

REGISTERED AGENT MUST SIGN

Date **06/02/97**

11. Does this corporation pay any intangible tax to the  
Dep't of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Murray Shapiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/02/97 (954) 922-8462

Date Daytime Phone #

CR2E040 (12/96)