

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 # **F95000004454**

1. Corporation Name

KUICKIE KORNER, INC.

Principal Place of Business

8008 STATE RD 52
HUDSON FL 34669
US

Mailing Address

~~1421 LITTLE RD~~
~~#304~~
~~HUDSON FL 34667~~
~~US~~

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

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

9008 SR 52
HUDSON FL
34669
US

4. Date Incorporated or Qualified To Do Business in Florida

09/14/1995

5. FEI Number

11-2662892

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.O. BOX	MILAZZO, VINCENT	8434 STATE HIGHWAY 52	BAYONET POINT FL 34669
PSDC	MILAZZO Vincent	9008 SR 52	Hudson FL 34669

800002938938--6
-07/22/99--01081--001
*****900.00 ***900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILAZZO, VINCENT

8434 STATE HWY 52

BAYONET POINT FL 34669

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Hudson

FL

34669

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

Vincent Milazzo

REGISTERED AGENT MUST SIGN

Date

July 15 1999

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 taxes 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:

Vincent Milazzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 15 1999
727 868-2792