

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 APR 11 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F950000004454**

1. Corporation Name

**Kuichie Horners Inc.**

2. Principal Office Address

**4540 Rowan Rd**

Suite, Apt. #, etc.

City & State

**New Port Richey FL**

Zip

**34653**

Country

**FLASCO**

3. Mailing Office Address

**4540 Rowan Rd**

Suite, Apt. #, etc.

City & State

**New Port Richey FL**

Zip

**34653**

Country

**FLASCO**

**REINSTATEMENT 0-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1983**

**SP**

5. FEI Number

**11-2662892**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required

**100004014941-0**

**-04/18/01--01020--034**

**100004014941-0**

**-04/18/01--01020--032**

**\*\*\*\*300.00 \*\*\*\*300.00**

**100004014941-0**

**-04/18/01--01020--033**

**\*\*\*\*300.00 \*\*\*\*300.00**

7. Name and Address of Current Registered Agent

Name

**Vincent Milazzo**

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

**1553 EAGLES REACH**

Suite, Apt. #, Etc.

City

**TARPON SPRINGS**

State  
**FL**

Zip Code

**34689**

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

**Vincent Milazzo**

REGISTERED AGENT MUST SIGN

Date **4.9.01**

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
Pres	Vincent Milazzo	1553 EAGLES REACH	TARPON SPRINGS FL 34689

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:

**Vincent Milazzo**

**Vincent Milazzo 4.9.01 727 375-8385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)