

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

\$1058.75

00 APR 19 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002824

1. Corporation Name

KRUNCHIE CORP.

W-9451

2. Principal Office Address

4824 Charowen Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32837

Country

USA

3. Mailing Office Address

4824 Charowen Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32837

Country

USA

**REINSTATEMENT 98-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

5/29/97

5. FEI Number

13-3946142

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

000003245230-2

Name

Michael B. Calvo

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

4824 Charowen Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

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

*Michael B. Calvo*

REGISTERED AGENT MUST SIGN

Date March 28, 2000

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
PD	CALVO, MANUEL A.	4824 Charowen Dr.	Orlando, FL 32837
STD	CALVO, MICHAEL B.	4824 Charowen Dr.	Orlando, FL 32837

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:

*Michael B. Calvo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 2000

Date

Daytime Phone #

(407)  
816-3595

CR2E081 (9/99)