PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOC	JMENT	#	Н
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40121

1. Corporation Name

KRES MIHELICH, INC., ARCHITECTURE, PLANNING, DES **ESIGN**

Principal Place of Business Mailing Address 2655 N-OCEAN DR 2655 N OCEAN DRIVE CHITE 300 SINER ISLAND FL 33404 SINGER ISLADN-FL 99404 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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2. New Principal Office Address, If Applicable			nugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable				Date Incorporate To Do Busin	1985		7						
Suite, Apt. PALM City & State	P-CACH	SHORES.	FU	Suite, Apt. #, 232 City & State	SAI		LANE		5. FEI Number	59-248	9541	-		 ''-	ed For	
Zip	404	Country	BCH	1210 334	64-04	F SHOTE Country PALM	50, +C	- 1	6. CERTIFICATE	OF STATUS	DESIRE	:D 🗆 S		dditional F Certificate		d
7. Names	and Street Ad	dresses of Each	Officer and/o	r Director (Flo	rida nonpro	fit corporation	s must list at l	leas	t 3 directors)]
Title(s)	Name of Officers and/or Directors			3		Address of Ea and/or Direct						y / State / Zip				
P	MIHELICH,	KRESIMIR		_	242 8TH 232		XL U	AL	1 <u>c</u> –	WEST PA	LAX	ACH F	t- tch	sHon	ES, F	ري
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	8. Nam	e and Address	of Current R	egistered Age	nt		<u> </u>		9. Name and A	ddress of	New Re	gistere	d Agen	t		1

9. Name and Address of New Registered Agent

MIHELICH, KRESIMIR

232 SANDAL LANE - 242 8TH STREET

-WEST PALM BEACH FL 99401 PALM BCHS HOURS FC, 33404

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

Suite, Apt. #, Etc.

10. I, being appointed the registered ag-

Signature of Registered Agent

11. I certify that I am officer or director or the receive or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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

SIGNATURE: