

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H95067

1. Corporation Name

KRUPA, INC.

2. Principal Office Address

4031 STEFANI RD

Suite, Apt. #, etc.

3. Mailing Office Address

4031 STEFANI RD

Suite, Apt. #, etc.

City & State

CANTONMENT FL

City & State

CANTONMENT FL

Zip

32533

Country

US

Zip

32533

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01-20-1986

5. EEL Number

59-2623698

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

Name

CHAMPAKLAL M. PATEL

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

4031 STEFANI RD

Suite, Apt. #, Etc.

City

CANTONMENT

State

FL

Zip Code

32533

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

Date 5/16/06

REGISTERED AGENT MUST SIGN

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	YASHVANT A. PATEL	225 EAGLE LANDING WAY PRODRACO GA 30253	
D	CHAMPAKLAL M. PATEL	4031 STEFANI RD	CANTONMENT FL 32533
		400076206734	06/14/06--01043--008 **450.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/06 (850) 476-8744

Daytime Phone #

FLORES ACCOUNTING, L.L.C.

809 BEVERLY PARKWAY
PENSACOLA, FLORIDA 32505
PHONE: 850-435-6845 FAX: 850-433-2371

Raymond G. Flores, C.P.A.

Email: Raygf@aol.com

April 28, 2006

Attn: Reinstatement Department
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Krupa Inc.
Document Number H95067
(Request for Abatement and Waiver of Reinstatement Penalties)

To Whom It May Concern:

Enclosed you will find a reinstatement form for the above Corporation. Corporation has always paid its annual report fees since 1986, however, Corporation's previous Registered Agent moved out of town and therefore Corporation inadvertently did not pay its annual report fees for years' due 2004 and 2005. All annual report and/or reinstatement mail, correspondence, and notices were not received.

Even more so, during such period, Corporation has been undergoing several changes in management, administration, and accountants and furthermore was not alerted to the oversight.

Consequently, we are enclosing the annual report fees for each year due (2004, 2005, and 2006 = \$450), and are respectfully requesting an abatement and wavier of the current reinstatement penalty due.

Sincerely,



Raymond G. Flores