

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



100023732601
10/14/03--01059--027 **150.00

DOCUMENT # J51054

1. Corporation Name

THE KURTZ CENTER INC.

Principal Place of Business

1201 LOUISIANA AVENUE
SUITE C
WINTER PARK FL 32789
US

Mailing Address

1201 LOUISIANA AVENUE
SUITE C
WINTER PARK FL 32789
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

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1987

5. FEI Number

59-2759888

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDT	KURTZ, GAIL E	1201 LOUISIANA AVE.	WINTER PARK FL 32789
SEC	KURTZ, DENTON M.	1201 LOUISIANA	WINTER PARK FL 32789

8. Name and Address of Current Registered Agent

DAUGHTERY, PATRICIA
250 N ORANGE AVE 11TH FL STE. 100
PO BOX 2807
ORLANDO FL 32802

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Denton M. Kurtz
REGISTERED AGENT MUST SIGN

Date 10-10-03

11. 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:

Denton M. Kurtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407
10-10-03 627-9003

CR2E040 (7/03)

the Kurtz Center
1201 Louisiana Ave., Suite C, Winter Park, FL 32789
(407) 740-5678 fax: (407) 740-0523 www.learningdisabilities.com

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Document # J51054 The Kurtz Center Inc.

To whom it may concern:

Upon receiving in the mail notification that our 2003 Corporation Annual Report was not filed, we contacted your Division of Corporations, since we are not aware of receiving any notification that this report was due, we are requesting the favor of our penalty waived. Enclosed is a check for the fee of \$150.00 and the application of reinstatement. Please accept our apologies in this matter.

Cordially,



Denton M. Kurtz
Officer of Corporation