

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 27, 2007 8:00 A.M.
Secretary of State

DOCUMENT # K06725

1. Corporation Name

Curlica Development Company

2. Principal Office Address - No P.O. Box #
2940 Grand Blvd.

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34690

Country

USA

3. Mailing Office Address

2940 Grand Blvd.

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34690

Country

USA

REINSTATEMENT 91-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **12/14/1987**

5. FEI Number
592857961

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

Antonio Ciurlizza

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

2940 Grand Blvd.

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34690

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **11/26/07**

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
D/P	Antonio Ciurlizza	2940 Grand Blvd.	Holiday, FL 34690
			500112545619
			11/28/07--01016--015 **3070.00

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

ANTONIO CIURLIZZA 11/26/07 727-938-2000

Date

Daytime Phone #