PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

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

99AR

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # K47294

1. Corporation Name

Curcuru Corp.
1706 Los Alamos
Punta Gorda, FL 33950

Principal Place of Business | *Mailing Address*

(Same)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/28/88

5. FEI Number: 65-0084194 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Sam N. Curcuru	1706 Los Alamos	Punta Gorda, FL 33950
Sec/Trea	Shirley Curcuru	1706 Los Alamos	Punta Gorda, fl 33950
			800003095278--4
			-01/11/00--01099--012
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

Ted Naumann
3906 Madrid Ct
Punta Gorda, FL 33950

9. Name and Address of New Registered Agent

Name: Sam N. Curcuru
Street Address (P.O. Box Number is Not Acceptable): 1706 Los Alamos
Suite, Apt. #, Etc.:
City: Punta Gorda | State: FL | Zip Code: 33950

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.

Signature of Registered Agent: Sam N. Curcuru Date: 12-14-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Sam N. Curcuru 12-14-99 941 575-4018 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #