PLEASE REAL	ALL IV	TPUCTIONS	BEFORE (	COMPLET	ING THE	S FORM.		_
APPLICATION FOR REMOTATEMENT	FLORI	C DEFURTA Katherine of Secriptary of DIVISION OF CORPO	at	00 J	FILE IAN -3 A	1411·20		
DOCUMENT # K47294  1. Corporation Name				SECRETARY OF STATE TALBAHASSEE, FEORIDA				
Curcuru Corp. 1706 Los Alamos Principal Piace of Business Gorda, FL	33950					1		
(Same)								
If above addresses are incorrect in any way, line t	hrough incorrec	t information and enter	correction below.					
New Principal Office Address, If Applicable     3. New Mailing Office Address				4. Date Incorporated or Qualified To Do Business in Florida  11/28/88				100
Suite, Apt. #, etc. Suite, Ap		#, etc.		5. FEI Number		L.	1/28	<u> </u>
City & State City & Sta		e		65-0084194 Applied For Not Applicable				
Zip Country	Zip	Count	гу	6. CERTIFICATI	E OF STATUS DI			onal Fee required icate of Status
7. Names and Street Addresses of Each Officer an	d/or Director (F							
Title(s) and/or Directors C			reet Address of Each fficer and/or Director se Post Office Box N		4	City / Star	te / Zip	
Pres Sam N. Curcuru		1706 Los	Alamos		Punta	Gorda,	FL	33950
Sec/Trea Shirley Curcuru		17.06 Los	  1706			Gorda,	f 1	33950
			8000030952784 -01/11/0001099012 ****150.00 ****150.00					
	_				本本年本 	150.00 :	*************************************	150.00
	,					<del> </del>		,
8. Name and Address of Current Registered Agent				9. Name and A	ddress of Ne	w Registered A	gent	
Name Saman				Curicau	C11	_ <u> </u>	· <u> </u>	
3906 Madrid Ct			Street Address (P.O. Box Number is Not Acceptable)  17.0.6 Los Alamos					
Punta Gorda, FL 33950			Suite, Apt. #, Etc.					
- Idirea dorda, Ili 33	City			State	Zip Cod			
10. I, being appointed the registered agent of the at	ove named con	poration, am familiar w	Punta ith and accept the ob	Gorda oligations of Section	on 607.0505, F	<b>  FL</b> s.s.	339	50
Signature of Registered Agent 2. Que		GENT MUST SIGN			Date 💯	-14-99		
11. This corporation owes the Intangible Personal Prope	current	 year	Yes	□ No □	 ]	(See other side on intang		
I certify that I am an officer or director or the rectifies reinstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my second	eiver or trustee e solution has bee names of indivi	empowered to execute in eliminated, the corpo iduals listed on this for	orate name satisfies t m do not qualify for a	the requirements an exemption und	of section 607.	0401 or 617.040	11, F.S., t	that all fees
SIGNATURE: SIGNATURE AND TYPED OR DE	MCUS RINTED NAME OF	SIGNING OFFICER OR I		12-14-1	<del>_</del>	575°	741 -40	NE 18
/ SIGNATURE AND TYPED OR PI	WALED MAME OF	SIGNING OFFICER OR I	DINECTON		Date	Dayi	THE PROPE	4 #