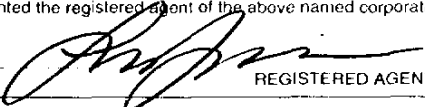


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>K8SL669</u>			
1. Corporation Name Florida Curb, Inc.			
Principal Place of Business 165 Bahama Road Winter Springs, FL 32708		Mailing Address	
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 P.O. Box 195065 Suite, Apt. #, etc. City & State Winter Springs, FL Zip 32708 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 5/89	
		5. FEI Number 59-2954497	
		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	Joseph T. Bonura	165 Bahama Road	Winter Springs, FL 32708
8. Name and Address of Current Registered Agent Joseph T. Bonura 165 Bahama Road Winter Springs, FL 32708		9. Name and Address of New Registered Agent Name Lisa J. Bonura Street Address (P.O. Box Number is Not Acceptable) 165 Bahama Road Suite, Apt. #, Etc. City Winter Springs State FL Zip Code 32708	
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  REGISTERED AGENT MUST SIGN Date 1-18-99			
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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Joseph T. Bonura		Date 1/18/99 (407) 695-7222 Daytime Phone #	

FILED
99 JAN 27 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 99-199

TS. 1/27/99

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