PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 17 AM 6:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L87991

1. Corporation Name

Kur-Star Construction, Inc.

Principal Place of Business	Mailing Address
2134 Oceanwalk Drive W Atlantic Beach, Fl. 32233	535L Atlantic Blvd. Suite 3 Altantic Beach, Fl. 32233

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
8150 Lone Star Rd.	8150 Lone Star Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State: Jacksonville, Fl.
Zip: 32211 Country: U.S.	Zip: 32211 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 7/18/90

5. FEI Number: 593013752 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	John Kurtz	8150 Lone Star Road	Jacksonville, FL 32211
VP	Same		
Sec.	Same		
Trea.	Same		
D	Same		

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REINSTATEMENT 94-97

6-18-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Michael V. Mattson 6620 Southpoint Drive South Suite 250, Southpoint Building Jacksonville, Fl. 32216	Name: John Kurtz Street Address (P.O. Box Number is Not Acceptable): 8150 Lone Star Road Suite, Apt. #, Etc. City: Jacksonville State: FL Zip Code: 32211

CR2E040 (12/95)

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 _____ Date _____

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: _____ John Kurtz _____ 721-6088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #