

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # MB7784

1. Corporation Name  
CURRY ENTERPRISES, INC

Principal Place of Business Mailing Address  
10613 E COLONIAL DR.  
UNION PARK, FL 32817

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  
Suite, Apt. #, etc.  
City & State  
Zip Country

FILED  
99 NOV 29 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 06/28/1988 SP  
5. FEI Number 59-3194116  
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	MURRAY M. CURRY	7813 Plantation Dr	ORLANDO, FL 32810
VP	CHRISTOPHER R. CURRY	7813 Plantation Dr	ORLANDO, FL 32810
SALES	EILEEN M. CURRY	7813 Plantation Dr	ORLANDO, FL 32810
TREA	RICHARD L. CURRY	592 Shadow Glen Pl	WINTER SPRING, FL 32708
			100003064721--7 -12/08/99-01072-006 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

DEVINIS POUTANIS  
ATTORNEY  
815 ORIENTA AVE  
SUITE #5  
ALTAMONTE SPRING, FL 32701

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/18/99

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

11/15/99

Date

Daytime Phone #

CR2001 (12/98)