

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
**Nov 15, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P00000051736

1. Corporation Name

CURACAO, INC.

Principal Place of Business

126 SOUTH SHORE DRIVE VILLA 33  
DESTIN FL 32550

Mailing Address

126 SOUTH SHORE DRIVE VILLA 33  
DESTIN FL 32550



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

2. New Principal Office Address, If Applicable

4507 Furling Ln.

Suite, Apt. #, etc.

Suite 104

City & State

Destin FL

Zip

32550

Country

U.S.A.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/2000

5. FEI Number

65-1019249

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 3	City / State / Zip 4
D	HORN, ONNO H	126 SOUTH SHORE DRIVE VILLA 33	DESTIN FL 32550

700009052197  
11/18/02--01083--006 \*\*150.00

8. Name and Address of Current Registered Agent

RUNNELS, DAVAGE J III

36468 EMERALD COAST PKWY STE 2201  
DESTIN FL

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/15/02

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-02

Date

850-865-5635

Daytime Phone #

CR2E040 (8/02)

# CURACAO, INC.

---

4507 Furling Ln. Suite 104 Destin Fl. 32541 ph. (850) 865-5635 fax (850) 650-8402

November 14, 2002

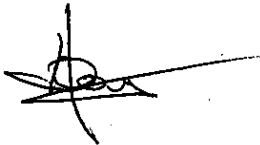
Division of Corporations  
Po. Box 6327  
Tallahassee Fl 32314-6327

Re: Reinstatement Letter

To Whom It May Concern:

Respectfully requesting reinstatement of Curacao, Inc. The prior UBR notices were never received. I am sorry for any inconvenience.

Thank you,



Onno H. Horn  
Curacao Inc.