

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000053221

1. Corporation Name

MATT KILCULLEN, INC.

Principal Place of Business

333 5TH ST.
ATLANTIC BEACH FL 32233

Mailing Address

333 5TH ST.
ATLANTIC 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/2000

5. FEI Number

59-3652767 -

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
P	KILCULLEN, MATTHEW F JR	333 5TH ST	ATLANTIC BEACH FL 32233

100023819361
10/15/03--01056--019 **150.00

8. Name and Address of Current Registered Agent

KILCULLEN, MATT
333 5TH ST.
ATLANTIC BEACH FL 32233

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

Matthew Kilcullen Jr.
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

Matthew Kilcullen Jr. / MATT KILCULLEN JR. 10/9/03 (904) 620-2494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)

10/9/03

To Whom It May Concern,

I RECEIVED NOTICE OF ADMINISTRATIVE
DISSOLUTION OF MY CORPORATION.

UP TO THIS DATE, I HAD NOT
RECEIVED ANY PRIOR UBR NOTICES.

IF I HAD, ALL APPROPRIATE REPORTS/FEE'S
WOULD HAVE BEEN FILED / PAID.

I AM ENCLOSEING THE \$150. FEE,
BUT AM ASKING FOR A WAIVER ON
THE LATE CHARGES.

THANK YOU FOR YOUR CONSIDERATION
IN THIS MATTER.

Sincerely,

MATT KILGILLER JR.

Matt Kilgiller Jr.