

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 31 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062051

1. Corporation Name

J.C. KULP ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1316 BRANCH HILL COURT
APOPKA FL 32712

1316 BRANCH HILL COURT
APOPKA FL 32712

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2000

5. FEI Number

59-3654006

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
PSTD	KULP, JEFFREY M	1316 BRANCH HILL COURT	APOPKA FL 32712
VP	KULP, CYNDI M	1316 BRANCH HILL COURT	APOPKA FL 32712

600024329816
10/31/03--01028--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KULP, JEFFREY M
1316 BRANCH HILL COURT
APOPKA FL 32712

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

Jeffrey M. Kulp
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/27/03

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:

Cyndi M. Kulp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.27.03 407.786.2777
X115

CR2E040 (7/03)

J.C. KULP ENTERPRISES, INC.

October 28, 2003

Department of State
Division of Corporations
PO BOX 6327
Tallahassee FL 31314

RE: JC Kulp Enterprises – Tax ID # 59-3654006

To Whom It May Concern:

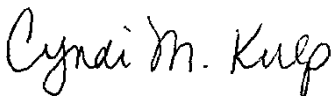
I am hereby requesting to have my corporation reinstated as our office has no record of receiving any type of notification from the state requesting that we complete the Uniform Business Report.

The dissolution notification is the first such notice that we have received in reference to this.

Enclosed please find the completed application for reinstatement along with a check for \$150.00, as required.

Thank you in advance for your attention to this very important matter.

Sincerely,



Cyndi M. Kulp
Vice President