

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 OCT 24 PM 12:33

DOCUMENT # **P00000093591**

1. Corporation Name

KRONTZ, INC.

Principal Place of Business

Mailing Address

6084 WATERWAY BAY
 FT. MYERS FL 33908

6084 WATERWAY BAY
 FT. MYERS FL 33908



588024070005
 10/24/03--D1016--002 **150.00

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

4. Date Incorporated or Qualified To Do Business in Florida

10/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1045048

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KRONTZ, KEVIN A	6084 WATERWAY BAY	FT. MYERS FL 33908

REINSTATEMENT *OB*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRONTZ, KEVIN A
 6084 WATERWAY BAY
 FT. MYERS FL 33908

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

Kevin A. Krantz
 KEVIN A. KRONTZ
 REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

Kevin A. Krantz
 KEVIN A. KRONTZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

239 466-8377
 239-823-0137

CR2E040 (7/03)

10/13/03

Please excuse our absence
as we were away for the season
and did not receive any prior
UBR's for this year. Enclosed
is 150.⁰⁰ Fee. Please reinstate
our corporation as we will
have this resolved for next
year.

Thanks,

Kevin Krouty
Krouty Inc.