

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 18 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC10000002040

1. Corporation Name

Klypurz Inc.

2. Principal Office Address

3. Mailing Office Address

38559 US 19 N.

5621 Mirada Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Harbor FLA

Holiday FLA

Zip

Country

Zip

Country

34684

USA

34690

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

59-3690386

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BELINDA A HOGAN

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

5621 MIRADA DR.

Suite, Apt. #, Etc.

City

Holiday

State
FL

Zip Code

34690

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Belinda A Hogan
REGISTERED AGENT MUST SIGN

Date

3/11/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pres	Belinda A Hogan	5621 Mirada Dr.	Holiday FL 34690
vice pres	Robert E Cox	1204 Claire Dr.	Clearwater FL 33765
treas	Robert Crawford	7100 Ulmerton Rd #332	Largo FLA 33771

10. 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:

Belinda A Hogan Belinda A Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/03 9342232
(977)

CR2E081 (10/02)



KlyPur2
XDCS

3/11/03

DOC# P01000002040

To Whom This May
Concern,

I am requesting a reinstatement
for CVR Corporation.

THE Wrong address was
furnished—

I Have Completed
the forms and enclosed
a check for the fee
of \$300.00 —

Thanks for your
help—

Belinda Hays