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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 12 PM 2:40

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 901000009656

1. Corporation Name

THE KUGLERS, INC.

2. Principal Office Address

4992 LAKK CHARLES DR

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 56711

Suite, Apt. #, etc.

City & State

KENNETH CITY, FL

City & State

ST. PETE FL

Zip

33709

Country

USA

Zip

33732

Country

USA

REINSTATEMENT

02-04

4. Date Incorporated or Qualified To Do Business in Florida

1/25/01

5. FEI Number

59-3708432

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

TIMOTHY A. KUGLER

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

4992 LAKK CHARLES DR N

Suite, Apt. #, Etc.

City

KENNETH CITY

State

FL

Zip Code

33709

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

REGISTERED AGENT MUST SIGN

Date

11/9/04

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
P	TIMOTHY A. KUGLER	4992 LAKK CHARLES DR N	KENNETH CITY FL 33709
V, T	SHARON F. KUGLER	4992 LAKK CHARLES DR N	KENNETH CITY FL 33709

900042694799
11/12/04--01053--012 **450.00
900042694799
11/12/04--01053--013 **8.75

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:

TIMOTHY A. KUGLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/04

Daytime Phone #

11/11/04

CR2E081 (01/04)

2/2

The Kuglers, Inc.
PO Box 56711
St. Pete Florida, 33732

11/9/2004

To whom it may concern,

This letter is to inform The Department of the State that I had not received any reminder or notice to file my annual report for 2002. I have spoken to a customer representative by phone and was instructed to send this letter, along with, a corporate reinstatement form, and a check for \$450, in order to reinstate the corporation to an active status. Thank you in advance for your assistance.

Tim Kugler