

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Gloria E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068380

1. Corporation Name

KRIS'S CRUISE, INC.

Principal Place of Business

3250 WESTCOTT CT
PALM HARBOR FL 34684

Mailing Address

3250 WESTCOTT CT
PALM HARBOR FL 34684

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

07/09/2001

5. FEI Number

59-3740795

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
D	KERNS, KRISTINE L	3250 WESTCOTT CT	PALM HARBOR FL 34684

400024509694

11/07/03--01055--001 **150.00

8. Name and Address of Current Registered Agent

KERNS, KRISTINE L
3250 WESTCOTT CT
PALM HARBOR FL 34684

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

Kristine L. Kerns
REGISTERED AGENT MUST SIGN

Date

10-3-03

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:

Kristine L. Kerns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-03
Date

727-786-1838
Daytime Phone #

CR2E040 (7/03)

Kristine L. Kerns
3250 Wescott Ct
Palm Harbor, FL 34684

Document # P01000068380

November 3, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Enclosed *Certificate of Administrative Dissolution* and *Application for Reinstatement*

This letter is written in response to the attached Certificate of Administrative Dissolution. We request that the Department of State consider reinstating Kris's Cruise, Inc. and waiving the reinstatement fee because we previously have never received any notices to file.

I pray that the state will allow us to continue as Kris's Cruise, Inc. due to the fact that our failure to file reports *was not intentional*. I have included a check for \$150 to pay the annual fees for 2003 and the *Application for Reinstatement*.

Sincerely,

A handwritten signature in cursive script that reads "Kristine L. Kerns". The signature is written in dark ink and is positioned above the printed name and title.

Kristine L. Kerns,
President