

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000074837

1. Corporation Name

KLUB KRUSH, INC.

Principal Place of Business

260 EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

Mailing Address

C/O NINA TAUBMAN, CPA
124 S LYNNHAVEN RD
VIRGINIA BCH VA 23452

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

07/27/2001

5. FEI Number

54-2048655

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ZAIT, VICTOR	260 EAST MERRITT ISLAND CAUSEWAY	MERRITT ISLAND FL 32952
VS	AMUJAL, JACOB	260 EAST MERRITT ISLAND CAUSEWAY	MERRITT ISLAND FL 32952

700009420487
12/09/02--01078--013 **150.00

8. Name and Address of Current Registered Agent

ZAIT, VICTOR
C/O KLUB KRUSH, INC.
260 MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/5/2002

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/02
Date

757-3401050
Daytime Phone #

CR2E040 (8/01)

December 5, 2002

Klub Krush, Inc
C/O Nina Taubman, CPA
124 S. Lynnhaven Road Suite 103
Virginia Beach, VA 23452

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref: Klub Krush -Reinstatement Fees
Document Number P01000074837
Federal Id Number 54-2048655

To Whom It May Concern:

Please be advised that my clients never received the Uniform Business Report. This is the first year that my client has been in business and if they would have known that the Uniform Business Report needed to be filed I assure you that it would have been filed in a timely manner. The only report that was received was the Application for Reinstatement. We would like for you to waive the reinstatement fee and any other penalties that may have been incurred due to the form not being filed. We would like to thank you in advance for your help in this matter. If you have any questions regarding this please feel free to call us at any time.

Sincerely,



Nina S. Taubman, CPA
757-340-1050