

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 OCT 30 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108233

1. Corporation Name

COME N GET IT, INC.

Principal Place of Business

7193 KEY LARGO WAY
LAKE WORTH FL 33467

Mailing Address

7193 KEY LARGO WAY
LAKE WORTH FL 33467

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

11/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

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	KOSCHES, STEVE	7193 KEY LARGO WAY	LAKE WORTH FL 33467

400008696404
10/30/02--01044--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOSCHES, STEVE
7193 KEY LARGO WAY
LAKE WORTH FL 33467

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

Steve Kosches

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/2002

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:

Steve Kosches
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/2002 (561) 7116

601

CR2E040 (8/02)

October 28, 2002

To whom it may concern:

I Stephen Kosches did not receive the 2002 Business Report, 1st or 2nd notices. Due to the fact that the accountant I was using for my business is no longer working for me.

Enclose is a check for \$150. for the licensing fee. If any questions please call me at (561) 601-7116.

Thank you
Stephen Kosches

Stephen Kosches
(Come N Get It, INC.)