

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 12:35

DOCUMENT # P02000026853

1. Corporation Name

CURTIS TAXIDERMY STUDIO, INC.

2. Principal Office Address - No P.O. Box #

8650 Caton Avenue

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32904

Country

Brevard

3. Mailing Office Address

8650 Caton Avenue

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32904

Country

Brevard

CR2E081 (12/07)

4. Date Incorporated or Qualified

- To Do Business in Florida 3/11/2002

5. FEI Number

04-3621370

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

CURTIS BOSSIE

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

8650 CATON AVENUE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32904

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Curtis C Bossie

Date

4-24-08

REGISTERED AGENT MUST SIGN

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
DPST	CURTIS BOSSIE	8650 CATON AVENUE	MELBOURNE, FL 32904

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 contained in Chapter 119, 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:

Curtis C Bossie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-08

321-727-3392

Daytime Phone #