

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 DEC 19 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000109507

1. Corporation Name

KRUPPTION, INC

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

2600 Kirby Circle
Suite, Apt. #, etc.

3. Mailing Office Address

1595 Rock Lane Dr.
Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Palm Bay FL

Zip

32905

Country

USA

Zip

32905

Country

USA

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CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2003

5. FEI Number

562403140

☐ 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

George K Rupp

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

1595 Rock Lane Drive

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32905

REINSTATEMENT 10-11

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

George K Rupp

REGISTERED AGENT MUST SIGN

Date 11-02-2011

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
PR	George Rupp	1595 Rock Lane Dr	Palm Bay, FL 32905

10. E-mail Address: leannreign@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

George K. Rupp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-02-2011 537-767

Daytime Phone #

George K. Rupp