

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 15 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000120656**

1. Corporation Name

**PETE KUCHTA, INC**

2. Principal Office Address

**1670 SEELEY CIR NW**

Suite, Apt. #, etc.

3. Mailing Office Address

**1670 SEELEY CIR NW**

Suite, Apt. #, etc.

City & State

**PALM BAY, FL**

City & State

**PALM BAY, FL**

Zip

**32907**

Country

**BREVARD**

Zip

**32907**

Country

**BREVARD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/19/2004**

5. FEI Number

**20-1533282**

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

**Ginny KUCHTA**

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

**1670 SEELEY CIR NW**

Suite, Apt. #, Etc.

City

**PALM BAY**

State

**FL**

Zip Code

**32907**

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

**Ginny Kuchta**

REGISTERED AGENT MUST SIGN

Date **11/8/06**

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
PTD	PETER KUCHTA	1670 SEELEY CIR NW	PALM BAY, FL 32907
VSD	VIRGINIA KUCHTA	1670 SEELEY CIR NW	PALM BAY, FL 32907

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

**Peter Kuchta**

**PETER KUCHTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/8/06**

Date

**321-728-2899**

Daytime Phone #

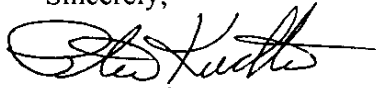
November 8, 2006

To Whom It May Concern:

We did not receive the annual report notice for 2005 and 2006. Please waive the reinstatement fee for 2005 and 2006.

A check of \$300.00 for annual report fees and corporate supplemental fees is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Kuchta", with a stylized flourish extending from the end.

Peter Kuchta, Inc.