

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007495

1. Corporation Name

FRED KYBURZ, P.A.

REINSTATEMENT 98-03

700023403577
09/29/03--01086--008 **1508.75

4. Date Incorporated or Qualified
To Do Business in Florida 01/21/1994

5. FEI Number 65-0464316
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

2. Principal Office Address		3. Mailing Office Address	
2050 PROCTOR ROAD		2050 PROCTOR ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
F		F	
City & State		City & State	
SARASOTA, FL		SARASOTA, FL	
Zip	Country	Zip	Country
34231	SARASOTA	34231	SARASOTA

7. Name and Address of Current Registered Agent

Name

FRED R. KYBURZ

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

5924 DRIFTWOOD AVE.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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

Fred Kyburz

Date

9-24-03

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 Officers and/or Director	City/State/Zip
PD	FRED R. KYBURZ	5924 DRIFTWOOD AVE.	SARASOTA, FL 34231

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 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: *x Fred Kyburz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

x 9-24-03

Daytime Phone #