

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 DEC 23 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000020155**

1. Corporation Name

**KUGEL QUALITY FIREPLACES, INC.**

Principal Place of Business

Mailing Address

7601 WEST CARACAS ST.  
TAMPA FL 33615

7601 WEST CARACAS ST.  
TAMPA FL 33615



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

03/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3308050

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
DP	KUGEL, HORST M	7601 WEST CARACAS ST.	TAMPA FL 33615

600009641916  
12/23/02--01073--005 \*\*600.00

REINSTATEMENT 02

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KUGEL  
KUGEL, HORST M  
7601 WEST CARACAS ST.  
TAMPA FL 33615

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

*Horst M Kugel*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12.20.02

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: *Horst M Kugel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.20.02

Date

813-886-2929

Daytime Phone #

CR20040 (8/02)