

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 95000020155

1. Corporation Name

Kugel quality fireplaces, inc

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

7601 w. caracas street

Suite, Apt. #, etc.

City & State

tampa, florida

Zip

33615

Country

usa

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800121194518
03/25/08--01017--005 **1058.75

REINSTATEMENT 06-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

3.13.1995

5. FEI Number
59-330-8050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name

horst kugel

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

7601 w. caracas street

Suite, Apt. #, Etc.

City

tampa, florida

State

FL

Zip Code

33615preside

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

Horst Kugel

REGISTERED AGENT MUST SIGN

Date

3.19.08

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
preside	horst kugel	7601 w. caracas street	tampa fl 33615
vice ps	michael kugel	12432 lacey lane	new port richy.fl

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:

Horst Kugel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3.19.08

Daytime Phone #

813.886.2329