

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000073791

1. Corporation Name
AL CURRY, INC.

Principal Place of Business
210 KIRBY THOMPSON ROAD
ALVA FL 33920

Mailing Address
210 KIRBY THOMPSON ROAD
ALVA FL 33920

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05-06-99 90153 043 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1998

5. FEI Number

65-0862189

Applied For

Not Applicable

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
SDVT	CURRY, AL	210 KIRBY THOMPSON ROAD	ALVA FL 33920
P	CURRY, AL	210 KIRBY THOMPSON ROAD	ALVA FL 33920

8. Name and Address of Current Registered Agent

KAYUSA, MICHAEL F
1922 VICTORIA AVENUE SUITE A
FT. MYERS FL 33901

9. Name and Address of New Registered Agent

Name
ANDREW J. HIGGINBOTHAM
Street Address (P.O. Box Number is Not Acceptable)
150 S. MAINST.
Suite, Apt. #, Etc.
PO BOX 1466
City
LABELLE
State
FL
Zip Code
33975

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/19/99

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AL CURRY JR

10/19/99

Date

941-674-1440

Daytime Phone #

Higginbotham and Company
Certified Public Accountants

October 19, 1999

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Document # P98000073791
Al Curry, Inc.

Dear Sir or Madam:

We received the Application for Reinstatement for the above referenced Corporation. We called your office and discovered that the original had been rejected on May 11, 1999. However, we never received the form. We checked our bank records and found that you deposited our check (copy enclosed-front & back), so we assumed that our report had been accepted.

We ask that you would reinstate this corporation and forego any reinstatement fees. We are enclosing the Application for Reinstatement. Please contact me if you need additional information.

Very Truly Yours,



Andrew J. Higginbotham
Certified Public Accountant

AJH/DH

Enclosures