

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 27 PM 2:10

DOCUMENT # P980000 97091

1. Corporation Name

JOE KURUVILA INC

400003524564--2

-01/05/01--01024--013

****600.00 ****300.00

2. Principal Office Address

6051 MIRAMAR PKWY

3. Mailing Office Address

6051 MIRAMAR PKWY

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIRAMAR, FL, 33023

City & State

MIRAMAR, FL

Zip

33023

Country

U.S.A.

Zip

33023

Country

U.

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/98

5. FEI Number

65-0881228

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

JOE KURUVILA

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

6047 MIRAMAR PARKWAY

Suite, Apt. #, Etc.

N/A

City

MIRAMAR

State

FL

Zip Code

33023

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/21/00

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
President	JOE KURUVILA	6047 MIRAMAR PKWY	MIRAMAR FL 33023
Vice president	" "	" "	" "
Secretary	" "	" "	" "

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:

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

JOE KURUVILA

Date

12/21/00

Daytime Phone #

954-983-5951

CR2001 (9/99)

(2)

December 5, 2000

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500


Re: Joseph Kuruvila, Inc. and Mary Joseph, Inc.
Profit Corporation Annual Report 1999 and 2000

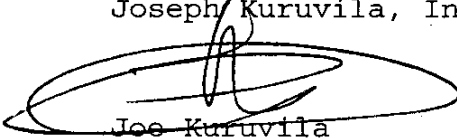
Taxpayer's Assistance:

We did not receive any notices requesting of payment for our corporation annual reports for the years 1999 and 2000.

Enclosed in our checks (\$300.00 for Joe Kuruvila, Inc. and \$300.00 for Mary Joseph, Inc.) for the above two referenced years.

Please reinstate the above coporations and excuse this oversight on our part by alleviating the penalties assessed.


Sincerely,
Mary Joseph, Inc.
Joseph Kuruvila, Inc.


Joe Kuruvila
Incorporator