

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -1 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000097091**

1. Corporation Name

JOE KURUVILA INC

2. Principal Office Address

7006 229 ST. EAST

3. Mailing Office Address

7006 229 ST EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FLA

Zip

34202

Country

MANTEE

Zip

34202

Country

MANTEE

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

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

MARY P. KUNNEL

400023350954

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

7006 229 ST EAST

09/25/03--01119--009 **300 00

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0703, F.S.

Signature of
Registered Agent

M. P. Kunnel

REGISTERED AGENT MUST SIGN

Date

9/19/03

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
P	MARY-P KUNNEL	7006 229 ST BRADENTON FL 34202	BRADENTON FL 34202
V.P	" "	" "	" "
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:

M. P. Kunnel

MARY. P. KUNNEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/03 954-249-6753

Date

Daytime Phone #

CR20081 (10/02)