

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 16 AM 11:37

DOCUMENT # P98000102357

1. Corporation Name

Curtis Medical Investments, Inc.

900068562089
03/24/06--01007--026 **1350.00

REINSTATEMENT 02-06
CR2E081 (12/05)

2. Principal Office Address

8716 Lantana Ct

3. Mailing Office Address

976 Brevard Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

Cape Canaveral, FL

City & State

Rockledge, FL

Zip
32920

Country
US

Zip
32955

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/98

5. FEI Number

59-3567610

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

Ronald J. Lucas

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

429 Watts Way

Suite, Apt. #, Etc.

City

Cocoa Beach

State

FL

Zip Code

32931

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

Ronald J. Lucas

REGISTERED AGENT MUST SIGN

Date 3-8-06

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	Michael Hill	8716 Lantana Ct	Cape Canaveral, FL 32920

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:

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

Date

Daytime Phone #