

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 18 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011474

1. Corporation Name

THE CURTISS COMPANIES, INC.

Principal Place of Business

304 SHADOW RIDGE DR.
DAVENPORT FL 33837

Mailing Address

304 SHADOW RIDGE DR.
DAVENPORT FL 33837

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

4. Date Incorporated or Reincorporated
To Do Business in Florida

02/15/1999

5. FEI Number

Applied For

59-3588776

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
D	CURTISS, JAMES R	304 SHADOW RIDGE DR.	DAVENPORT FL 33837
D	CURTISS, DOLORES P	304 SHADOW RIDGE DR.	DAVENPORT FL 33837
D	CURTISS, LAWRENCE D	113 FAWN LANE	DAVENPORT FL 33837
D	WAGNER, DEBORAH	113 FAWN LANE	DAVENPORT FL 33837
D	HATFIELD, ROBERT C	323 COCOA CT.	POINCIANA FL 34741
D	HATFIELD, LYNN P	323 COCOA CT.	POINCIANA FL 34741

8. Name and Address of Current Registered Agent

CURTISS, JAMES R
304 SHADOW RIDGE DR.
DAVENPORT FL 33837

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

James R. Curtiss

REGISTERED AGENT MUST SIGN

Date 10/13/00

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:

James R. Curtiss (JAMES R. CURTISS)

Date

Daytime Phone #

10/13/00

863-420-1942