

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -2 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA9000062573**

1. Corporation Name

KURLAND HOLDINGS, INC.

2. Principal Office Address - No P.O. Box #
C/O STEPHEN KULVIN
13611 DEERING BAY DRIVE

Suite, Apt. #, etc.
#202

City & State
CORAL GABLES, FL

Zip
33158

Country
USA

3. Mailing Office Address
C/O STEPHEN KULVIN
13611 DEERING BAY DRIVE

Suite, Apt. #, etc.
#202

City & State
CORAL GABLES, FL

Zip
33158

Country
USA

REINSTATEMENT

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida 07/14/1999

5. FEI Number 65-0933515

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
STEPHEN KULVIN

Street Address (P.O. Box Number is Not Acceptable)
13611 DEERING BAY DRIVE

Suite, Apt. #, Etc.
#202

City
CORAL GABLES

State
FL

Zip Code
33158

PROFIT CORPORATIONS ONLY
☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Phyllis Kurland

REGISTERED AGENT MUST SIGN

Date *5/27/10*

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
PRES	PHYLLIS M. KURLAND	9 ISLAND AVE, APT 508	MIAMI BEACH, FL 33139
			<i>26/4</i>

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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: *X*

Phyllis Kurland

X 5/27/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #