PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** 



## FLORIDA DEPAF TMENT OF STATE Katheri ne Harris

Secreta y of State

DIVISION OF CORPORATIONS

PAGE 10FZ

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

	OCUMENT	#	1	170	00	00	7/0	X //	
1	Corporation Name								

Curry & Curry Consulting, Inc.

2181 Mission Valley Blvd. 2181 Mission Valley Blud.
Nokomis, FL 34275
Nokomis, FL 34275
Nokomis, FL 34275

If above addresses are incorrect in any way, line	through incorrect info	ormation ar	Legter correction be	elow						
2. New Principal Office Address, If Applicable 425 Socrento Ranches.	g Office Add	ress. If Applicable	4. Date Incor	Date Incorporated or Qualified     To Do Business in Florida						
Suite, Apt. #, etc.	Suite, Apt. #, e	etc.		5. FEI Numb		Applied For				
City & State	City & State			65-	095/733	Not Applicable				
Nokomis, FL Country 34275 USA	Zip		Country	6. CERTIFICA	TE OF STATUS DESIRED	S8.75 Additional Fee require for a Certificate of Status				
7. Names and Street Addresses of Each Officer a	ınd/or Director (Florid	da nonprofi:	corporations must li	st at least 3 directors)	44.6					
Title(s) Name of Officers and/or Directors 2		3 (Do	Street Address Officer and/or I NOT Use Post Office	Director	City 4	/ State / Zip				
PIT Kathy Curry		425	Sorrento	Ranches D.	. Nokomis,	FL 34275				
PIT Kathy Curry D VP/s Charles Curry	,	425	Sorrento	Ranches Dr	Nokomis,	FL 34275 FL 34275				
					-05/21/0	<b>720218</b> 101002016 00 ****300.00				
					00-01	1BR				
8. Name and Address of Curre	ent Registered Agen	i		Name and Address of New Registered Agent						
Daniel L. Prewe	++		Name	Name						
5777 Beneva K	oad Son	th	Street Address (P.O., Box, Number is Not Acceptable)							
Sarasota, FL 34233			Suite. Apt. #, Etc.							
000000000000000000000000000000000000000			City			tate Zip Code				
10. I, being appointed the registered agent of the	above named corpora	ation, am fa	niliar with and accep	pt the obligations of Sec	ction 607.0505, F.S.					
Signature of Registered Agent	REGISTERED AGE	NT MUST 9	IGN		Date					
11. This corporation owes th Intangible Personal Prop	ne current ye perty Tax due	ear e June	30.	Yes 🗹 No 🛭	on i	r side for information ntangible tax.)				
12. I certify that I am an officer or director or the re-	eceiver or trustee emp	powered to	xecute this applicat	ion as provided for in ch	napter 607 or 617, F.S. I fun	ther certify that when filing				

on this application is true and accurate, and my signature shall have the same egal effect as if made under oath.

this reinstatement application, the reason for dissolution has been eliminated, tile 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 or this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

INTED NAME OF SIGNING OFFICER OR DIRECTOR

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## Curry & Curry Consulting, Inc. 425 Sorrento Ranches Dr. Nokomis, FL 34275

May 1, 2001

Florida Secretary of State P.O. Box 6327 Tallahassee, FL 32314

Re:

Curry & Curry Consulting, Inc.

P99000087211

Dear Sir or Madam,

Please find the enclosed Reinstatement Application for the above-referenced corporation and check in the amount of \$300.00. In early 2000, we changed locations and never received the renewal notice for tax year 2000.

Our accountant brought the administrative dissolution of our corporation to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards,

Kathy Curry, President

**Enclosures**