

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 20 AM 8:42

DOCUMENT # S24800

1. Corporation Name  
KORTRIGHT HIDEAWAY INC.

2. Principal Office Address

6-HALF ACRE COURT  
Suite, Apt. #, etc.

3. Mailing Office Address

6-HALF ACRE COURT  
Suite, Apt. #, etc.

City & State

Smithtown N.Y.

City & State

Smithtown N.Y.

Zip

11787

Country

Suffolk

Zip

11787

Country

SUFFOLK

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

1/14/1991

5. FEI Number

65-0241476

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

Elizabeth MURATORE

900003409549--8

-09/29/00--01041--021

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

523-SAN REMO CIRCLE

\*\*\*1508.00 \*\*\*1500.00

Suite, Apt. #, Etc.

Port St. Lucie FLORIDA

City

State

FL

Zip Code

34986

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

Elizabeth Muratore  
REGISTERED AGENT MUST SIGN

Date 9/16/00

**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	Elizabeth Muratore	523-SAN REMO CIRCLE	Port St. Lucie FLA. 34986

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:

Elizabeth Muratore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/16/00

Daytime Phone #

607-538-9366