

APPLICATION FOR REINSTATEMENT



FILED

03 JAN 28 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

CURING TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

~~2870 KIRBY AVE NE-
STE 6
PALM BAY FL 32905
US~~

~~2870 KIRBY AVE NE
STE 6
PALM BAY FL 32905
US~~

PO Box
511057
Melb. Boro
Vic 32951

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
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4. Date Incorporated or Qualified To Do Business in Florida

04/05/1991

5. FEI Number

59-1311623

Applied For

Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LUNDGREN, GARY	2070 KIRBY AVE NE PO Box 544057 9895 US1	PALM BAY FL 32905 Melbourne Beach FL 32905
		Sebastiaian FL 32958	
			800009056308 11/19/02--01003--016 **750.00
			800009056308 01/28/03--01040--026 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUNDGREN, GARY
2870 KIRBY AVE NE
STE 6
PALM BAY FL 32905

Name _____

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

Suite, Apt. #, Etc.

City

Stat
FL

Zip Code	
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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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-30-02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/02 321-951-4666
Date Daytime Phone #