

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S46815

1. Corporation Name

KROHOMER ASSOCIATES, CO.

Principal Place of Business

Mailing Address

~~8260 NW 56TH ST.~~

~~MIAMI FL 33166~~

US

~~8260 NW 56TH ST.~~

~~MIAMI FL 33166~~

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1700 NW 107 Ave

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

Zip
33026

Country
USA

3. New Mailing Office Address, If Applicable
1700 NW 107 Ave

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

Zip
33026

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1991

5. FEI Number

65-0255523

Applied For

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KROHOMER, F. ADOLF	1700 NW 107TH AVE.	PEMBROKE PINES FL

300004687343--3
-11/19/01-01050-004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

KROHOMER, F. ADOLF
1700 NW 107 AVE
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/19/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



2012

October 19, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Please find enclosed our annual report for year 2001. I moved from 8263 NW 56th St, Miami, FL 33166 to my house at 1700 NW 107 Ave., Pembroke Pines, FL 33026. My business activities were reduced almost to none. My clients could not use my services anymore, and because I had to move, I did not receive my annual report until now. Please accept my check in the amount of \$150.00. Next year I will make sure that I file on time.

Should you need any additional information, do not hesitate to contact me at (954)436-9769.

Respectfully yours,

Krohomers Associates, Co.

Adolfo Krohomers, President

A handwritten signature in dark ink, appearing to read 'Adolfo Krohomers', is written over the printed name.