

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 24 PM 2:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V18077

1. Corporation Name

KARPI CORP.

2. Principal Office Address

9524 Blind Pass Road

3. Mailing Office Address

Suite, Apt. #, etc.

#16

Suite, Apt. #, etc.

City & State

St. Petersburg Beach

City & State

FL

Zip

33706

Country

Pinellas

Zip

Country

REINSTATEMENT

94-00

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/92

5. FEI Number

☒ 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

Lynn A. Rushmore

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

9524 Blind Pass Road

Suite, Apt. #, Etc.

#16

City

St. Petersburg Beach

500003342825-6

08/01/00-01087-015

***1685.00 ***1685.00

500003342825-6

08/01/00-01087-016

*****8.75 *****8.75

State
FL

Zip Code
33706

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

[Signature]
REGISTERED AGENT MUST SIGN

Date July 20, 2000

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
P/D	Lynn A. Rushmore	9524 Blind Pass Road	St. Petersburg Beach FL 33706
V/D	James Curry	2287 Twin Lane	Palm Harbor, FL 34683
S/T/D	Gregory Mark Stevens	9000 Pinellas Bay Way S. # 112	Tierra Verde, FL 33715

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:

[Signature]
Director
Lynn Rushmore

July 20, 2000 (727) 363-3747

Date

Daytime Phone #

KE