

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 18 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J-25094

1. Corporation Name

Kissimmee Popcorn Company
5770 W. 1210 Bronson Hwy
Ste 300
Kissimmee FL 34746

2. Principal Office Address

5770 W. 1210 Bronson Hwy

3. Mailing Office Address

Same

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

FL

Zip

34746

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2693048

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

Sutton Byron

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

201 S. Orange Ave

Suite, Apt. #, Etc.

1070

City

Orlando

State

FL

Zip Code

32801

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

Byron K. Sutton

REGISTERED AGENT MUST SIGN

Date

3-10-03

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	Byron Sutton	505 W 2nd Ave	Windermere FL 34786
VP	NORMA Sutton	505 W 2nd Ave	Windermere FL 34786

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:

Byron K. Sutton

Byron K. Sutton (P) 3-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 590 9949