

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

~~APPLICATION FOR REINSTATEMENT~~
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT 26 PM 1:58

DOCUMENT # **K81185**

1. Corporation Name
K & H TIME, INC.

Principal Place of Business: 2900 W. SAMPLE RD. STORE #120 POMPANO BCH. FL 33067
 Mailing Address: 2900 W. SAMPLE RD. STORE #120 POMPANO BCH. FL 33067



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/14/1989	
City & State		City & State		5. FEI Number	
Zip		Country		65-0116825	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	CHOE, KIH0	11101 BLUE CORAL DR	BOCA RATON FL
			600004679186--3 -11/14/01-01082-003 ***150.00 ***150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHOE, KIH0
 11101 BLUE CORAL DRIVE
 BOCA RATON FL 33498

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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: **SIGNATURE REQUIRED** Date: _____
 REGISTERED AGENT MUST SIGN

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: **KIH0 CHOE** 10-28-01 (954) 917-9096
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)