

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 29 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *NO1445*

1. Corporation Name

*KCT, INC.*

2. Principal Office Address

*609 S. Kings AVE*

Suite, Apt. #, etc.

3. Mailing Office Address

*P.O. Box 3973*

Suite, Apt. #, etc.

City & State

*Brandon, FL*

City & State

*Brandon, FL*

Zip

*33511*

Country

*USA*

Zip

*33509*

Country

*USA*

REINSTATEMENT *03-04*

4. Date Incorporated or Qualified To Do Business in Florida

*3-15-84*

5. FEI Number

*59-2380884*

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

*Mitch Rodriguez*

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

*210 BRYAN OAK AVENUE*

Suite, Apt. #, Etc.

City

*Brandon*

State

*FL*

Zip Code

*33511*

*100031294091  
03/23/04--01006--003 \*\*306.25*

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

*Mitch Rodriguez*  
REGISTERED AGENT MUST SIGN

Date

*3-22-04*

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
<i>PD</i>	<i>DEAN, BYRON</i>	<i>819 S. Kings AVE</i>	<i>BRANDON, FL 33511</i>
<i>VD</i>	<i>STURM, JOANNE</i>	<i>606 Bainbridge Dr.</i>	<i>BRANDON, FL 33511</i>
<i>TD</i>	<i>ERDLE, ADELE</i>	<i>605 Lynchburg Dr.</i>	<i>BRANDON, FL, 33511</i>
<i>SD</i>	<i>BURROW, LINDA</i>	<i>601 Chippenham Blvd.</i>	<i>BRANDON, FL 33511</i>

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:

*Adelle Erdle (Adelle Erdle) Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/22/04*

Daytime Phone #

*813-653-2111*

CR2E081 (10/02)