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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000049669

1. Corporation Name

K & K CONSULTANTS, INC.
3103 NW 114TH AVE. CORAL SPRINGS, FL 33065

2. Principal Office Address

3103 NW 114TH AVE.

3. Mailing Office Address

3103 NW 114TH AVE.

State, Apt. #, etc.

State, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

Zip

33065

Country

USA

Zip

33065

Country

USA

REINSTATEMENT

0304

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1999

5. FEI Number

650923954

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

CUARTAS, MARIBEL

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

3103 NW 114TH AVE.

State, Apt. #, Etc.

City

CORAL SPRINGS,

State
FL

Zip Code
33065

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

REGISTERED AGENT MUST SIGN

Date 4/16/04

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
D	CUARTAS, MARIBEL	3103 NW 114TH AVE.	CORAL SPRINGS, FL 33065

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)(X), 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 4/16/04

305 773-8977

Date

Daytime Phone #

20fz

**Florida Department of State
Division of Corporations
Public Access System**

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

K & K CONSULTANTS, INC.

Certificate of Status	0
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