

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR -8 AM 9:31

REINSTATEMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 167495

1. Corporation Name

K R DEVELOPMENT CORP.

2. Principal Office Address - No P.O. Box #

SE 87 BLVD + HWY 44 S

3. Mailing Office Address

PO BOX 906

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ONECHOBEE FL

City & State

ONECHOBEE, FL

Zip

34974

Country

USA

Zip

34973

Country

USA

300201054633
04/08/11--D1056--007 ***1050.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-0910380

☐ 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

DOROTHY H. ROZLER

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

6218 SE 86 BLVD.

Suite, Apt. #, Etc.

City

ONECHOBEE

State

FL

Zip Code

34974

REINSTATEMENT

10-11

WSP
4/11

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

Dorothy H. Rozler

REGISTERED AGENT MUST SIGN

Date 4-5-11

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
PRES.	DOROTHY H. ROZLER	6218 SE 86 BLVD	ONECHOBEE, FL 34974

10. E-mail Address: HEYHOWIE@BELL SOUTH.NET

(To be used for future annual report notification)

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. I further certify, 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: Dorothy H. Rozler - DOROTHY H. ROZLER

PRES. 4-5-11 863-763-7844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #