

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 JUL 21 PM 4:20
DEPT. OF STATE
TALLAHASSEE

DOCUMENT # 324463

1. Corporation Name
Kingland Realty Corp. Inc

2. Principal Office Address - No P.O. Box #
2020 Wilmington St

Suite, Apt. #, etc.

City & State
Opa Locka, FL

Zip Country
33054 USA

3. Mailing Office Address
2020 Wilmington St.

Suite, Apt. #, etc.

City & State
Opa Locka, FL

Zip Country
33054 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 12-21-1967

5. FEI Number
87-1018226

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
Joyce King
Street Address (P.O. Box Number is Not Acceptable)
2020 Wilmington Street
Suite, Apt. #, Etc.

City State Zip Code
Opa Locka FL 33054

100370924901
07/30/21--01015--001 **\$550.00
100370924901
07/28/21--01017--007 **\$150.00
100370924901
07/30/21--01015--002 **\$8.75

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
Joyce King
Date 6-22-2021
REGISTERED AGENT MUST SIGN

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	Joyce King	2020 Wilmington St	Opa Locka, FL 33054
T	Carolyn King	2020 Wilmington St	Opa Locka, FL 33054

10. E-mail Address: raejaykeec@ymail.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Joyce King - Joyce King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 06-22-21 Daytime Phone # 305 794-0588

305 681-6178