CORPORATION REINSTATEMENT PLORIDAD DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 32 4463 Corposion Name King Land Realty Coff. Fic Suite, Apt. * 10. 3. Maining Office Augusts Suite, Apt. * 10. City & State Opa Cocker, # 5. SET Name ST. Opa Cocker, # 5. SET Name ST. Opa Cocker, # 5. SET Name ST. Name and Address of Curront Registered Agent Name Toyce Kinc Toyce Kinc Suite, Apt. * 10. 2. Philopaid Office Augusts Suite, Apt. * 10. 4. Dare Incorporated or Country 0.0 De Business in Provide 7. Name and Address of Curront Registered Agent Name Toyce Kinc Suite, Apt. * 10. Suite, Apt. * 10. 2. Philopaid Office Augusts Suite, Apt. * 10. 4. Dare Incorporated or Country 87 10/3 2.26 Suite Aging Control 87 10/3 2.26 Suite Apt. * 10. Suite Apt. * 10	PLEASE READ	ALL INSTRU	CTIONS BEFORE C	OMPLET		,	
1. Corporation Name King Land Realty Coff. Fire 2. Principal Office Address - No Fio Box # 2030 Walking Office Address St. Suite, Apr. # 10. Suite, Apr. # 10. Suite, Apr. # 10. Cry & State Ope Cocke, Apr. # 10. The Box operated or Chainfind /2-11-1967 Spread Address of Country USA 7. Name and Address of Current Registered Agent Name Tought King The Suite Apr. # 10. Suite, Apr. # 10. Cry & State Ope Cocke Suite, Apr. # 10. Cry & State Ope Cocke Suite, Apr. # 10. Cry & Cocke Cry & State Address of Ear Office and or Director Flores comprosions must list at least 3 directors) Titles Officers and for Directors Officers and for Directors Cry & State / 20. Cry &		Secre	etary of State		2021 JUL 3	21 PH 4: 20	
Suite, Apt. #, etc. Cry & Statue Ope Cacka, 41 Ope Cocke, 48 Statue Ope Cacka, 41 Ope Cocke, 48 Statue Ope Cacka, 41 Ope Cocke, 48 Statue Ope Cocke To Be Business in Floridas 1/2-11-1467 S. FEI Number St. 7-10/8226 Nov Applicable St. Ope Cocke, 48 Status Ope Country USA To Name and Address of Current Registered Agent Name To yee E Kinc Syre I Address (Po. Box Numbour is Not Acceptable) 20 20 Willington Suite, Apt. #, Etc. Cry A Cocke Status Status Ope Cocke File 33054 Cry Cocke Status Ope Cocke Status Ope Cocke File 33054 Cry Status Ope Cocke Registered Agent of the above named corporation, un familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Officers and/or Director (Florida nonprotic corporations must list at least 3 directors) Name of Officers and/or Directors Officers and/or Directors Titles Officers and/or Directors Officers and/or	DOCUMENT # 32440 1. Corporation Name King Land Realty	63 Coff. In	C		OE-ic.		
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7. Name and Address of Current Registered Agent Toyce Kinc Street Address (P.O. Box Number is Not Acceptable) 2020 Willington Street State 33054 8. Leens Appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S. Signature of Registered Agent Page Kincy Registered Agent Officers and/or Director (Florica nonprofit corporations must list at least 3 directors) P. Names and Street Address of Each Officer and/or Director (Florica nonprofit corporations must list at least 3 directors) P. Toyce Kinc Joyce Willington Street Address of Each Officers and/or Directors P. Toyce Kinc Joyce Willington St. Carolyn Kinc Joyce Willington St. Opa Cocke, H. 33054 Opa Cocke, H. 33054		Opa Lock	ca, Il	5. FEI Numbe	er	Applied For	
Name Joyce KINC Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sure. Apr 2. Etc. City Opa Cocke FL 33054 Tibes 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 Fully Relistered Addresses of Each Officer and/or Director (Florida romprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Directors Officer and/or Director Street Address of Each Officer a	33054 Country us A	²¹⁰ 33054	us A	6. CERTIFICAT			
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Signature of Registered Agent Date King Registered Agent Date King 9. Names and Street Actresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Directors Officer and/or Director Officer and/or Directors Officer and/or Directors Officer and/or Director Offi	Street Address (P.O. Box Number is Not Acceptable) 2020 Wildington Suite, Apt #, Etc.				07/30/2101015001 **5550.00 100370924901 07/28/2101017007 **150.00 100370924901		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	8. I, being appointed the registered agent of the al	pove named corporation,	am familiar with and accept the ob-	oligations of secti			
P Joyce King 2020 Wilmington St Opa Cocke, # 33054 T Carolyn King 2020 Wilmington St Opa Cocke, # 33054	Registered Agent 4 Mg						
P Joyce King 2020 Wilmington St Opa Cocke, Il 33054 T Carolyn King 2020 Wilmington St Opa Cocke, Il 33054	9. Names and Street Addresses of Each Officer a	nd/or Director (Florida no	onprofit corporations must list at lea	ast 3 directors)			
		s			City / State / Zip		
	P Joyce King	2.0	2020 Wilkington St		Opa Locka, Il 33054		
	T Carolyn King	20	so wilmington	St	Ope Cocke, 4	l 33054	
10. E-mail Address: rae ay kee o y kail. cou	10 5 mail Address Cad to L. V.	- A J. Wail.	CON				

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

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 17, F.S. Truther certify that when fing 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 sections owed by the corporation have been paid. I turther certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath. I am aware that take information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8 305 294-0588 Daytime Phone 8