

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 826368

1. Corporation Name

KIDRON INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
KIDRON, INC.

3. New Mailing Office Address, If Applicable
KIDRON, INC.

Suite, Apt. #, etc.
3330 FLIGHTLINE DRIVE

Suite, Apt. #, etc.
P.O. BOX 880

City & State
LAKELAND, FLORIDA

City & State
WASHINGTON, NORTH CAROLINA

Zip
33811 Country
USA

Zip
27889 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
JUNE 25, 1971

5. FEI Number
62-1621950

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
C/P	JAY TROGER	400 HACKNEY AVENUE	WASHINGTON, NC 27889

200002136192--6
-04/08/97--01040-019
***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ALAN JAY MARBLE

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

3330 FLIGHTLINE DRIVE

Suite, Apt. #, Etc.

City
LAKELAND

State
FL

Zip Code
33811

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Alan Jay Marble
REGISTERED AGENT MUST SIGN

Date **4-2-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Jay Marble

4/2/97 919-946-6521
Date Daytime Phone #