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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -5 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F89596

1. Corporation Name

KRE EXPRESS INC

Principal Place of Business

Mailing Address

145 BLACK DUCK CIRCLE
DAYTONA BEACH, FLA. 32119

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

DO NOT WRITE IN THIS SPACE

000002015630--3
-11/27/96--01030--005
*****8.75 *****8.75

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

1982
59-2205696

City & State

City & State

Zip

Country

Zip

Country

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES	JOHN S KOCIS	145-BLACK DUCK CIRCLE	DAYTONA BEACH, FLA 32119
V. PRES	KAREN DAYTON KOCIS	145-BLACK DUCK CIRCLE	DAYTONA BEACH, FLA 32119

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-11/27/96--01030--004
***1542.50 ***1542.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RONALD KOWASKI
101-BROADWAY
DAYTONA BEACH FLA

DEAN C. KOWALCHYK
1231 E. CANYON ST.
SUITE F
TALLAHASSEE FL 32302

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

REGISTERED AGENT MUST SIGN

Date

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.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

RONALD KOWASKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/96

Copy to File