

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 31 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **F93000002739**

1. Corporation Name

**KING CENTRAL INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 1943  
SO. HACKENSACK NJ 07606-1943

POST OFFICE BOX 1943  
SO. HACKENSACK NJ 07606-1943



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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

06/07/1993

5. FEI Number

22-2616799

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DCP	FISCHER, CHARLES	0-60 SADDLE RIVER RD.	FAIR LAWN NJ 07410
DVCS	FISCHER, GLENN	805 LENEL LANE	FRANKLIN LAKES NJ
DVP	FEW, THOMAS J SR.	9 PIMA CT	OAKLAND NJ

500003472555-1  
-11/21/00--01052--014  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

WILLIAM R WOOD SR  
3223 N LOCKWOOD RIDGE RD 158  
QUORUM BLDG. #2  
SARASOTA FL 34234

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*William R Wood Sr*

Date

10/24/00

REGISTERED AGENT MUST SIGN

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 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.

**KE**

SIGNATURE:

*William R Wood Sr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/00

Date

201-488-8863x201

Daytime Phone #

CR2E040 (8/00)