

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC 31 AM 10:21

DOCUMENT # G 24375

1. Corporation Name  
K F CONCEPTS, INC.

2. Principal Office Address - No P.O. Box #  
1001 SE 21<sup>ST</sup> STREET

3. Mailing Office Address  
1001 SE 21<sup>ST</sup> STREET

Suite, Apt. #, etc.  
N/A

Suite, Apt. #, etc.

City & State  
CAPE CORAL, FLORIDA

City & State  
CAPE CORAL, FLA.

Zip  
33990

Country  
U.S.

Zip  
33990

Country  
U.S.

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida  
2/16/83

5. FEI Number  
59-2292265

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  
FRANK WHITNEY

Street Address (P.O. Box Number is Not Acceptable)  
1001 SE 21<sup>ST</sup> STREET

Suite, Apt. #, Etc.  
N/A

City  
CAPE CORAL, FLORIDA

State  
FL

Zip Code  
33990

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  
Frank Whitney

REGISTERED AGENT MUST SIGN

Date  
12-27-07

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
<u>PRES.</u>	<u>FRANK WHITNEY</u>	<u>1001 SE 21<sup>ST</sup> STREET</u>	<u>CAPE CORAL, FL. 33990</u>

REINSTATEMENT

1/8/08  
06-07

000113516650  
12/31/07--01018--009 \*\*300.00

10. 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 contained in Chapter 119, 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: Frank Whitney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-07 (239) 574-844

Date Daytime Phone #