

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 14 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G70852

1. Corporation Name

KCL CORPORATION

2. Principal Office Address - No P.O. Box #

9848 MARINA BLVD.

Suite, Apt. #, etc.

APT. # 813

City & State

BOCA RATON, FL

Zip

33428

Country

USA

3. Mailing Office Address

9848 MARINA BLVD.

Suite, Apt. #, etc.

APT. # 813

City & State

BOCA RATON, FL

Zip

33428

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1983

5. FEI Number

592338515

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [

\$75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERIC FERNANDEZ, MD

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

9848 MARINA BLVD.

Suite, Apt. #, Etc.

APT. # 813

City

BOCA RATON

State

FL

Zip Code

33428

☒ 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

Date **02/10/2008**

REGISTERED AGENT MUST SIGN

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
P T S	ERIC FERNANDEZ, MD	9848 MARINA BLVD. APT. #813	BOCA RATON, FL 33428

300117244963
02/06/08 01013 000 **450.75

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:

ERIC FERNANDEZ, MD

2/10/2008

954-665-6599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #