

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS.

FILED

08 MAY 29 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G70852

1. Corporation Name

KCLF

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

9848 MARINA BLVD.

Suite, Apt. #, etc.

813

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

FL 33428

Zip

33428

Country

USA

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 ☐

\$8.75 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.

#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

*Eric Fernandez MD*

REGISTERED AGENT MUST SIGN

Date 5-12-08

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

NEW OFFICERS

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ERIC FERNANDEZ MD	9848 MARINA BLVD #813	BOCA RATON, FL 33428
VP	NANCY G. FERNANDEZ	9848 MARINA BLVD #813	BOCA RATON, FL 33428
S	AUDREY A. <del>VERGARA</del> FERNANDEZ	1501 NW 113 WAY	ROXBOROUGH PINES, FL 33026
T	LORENCE C. FRIED	1303 NW 12TH DR.	SUNRISE, FL 33323
D	KATRINA L. PARKHILL	597 WOOD ST	NEW CANAAN, CT 06840

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-08

Date

Daytime Phone #