

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H25028

1. Corporation Name
KSF Equipment Company, Inc.

H25028

05/03/21--01016--023 **1685.00

200365471542

2. Principal Office Address - No P.O. Box # 9625 Wes Kearney Way		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Riverview, Florida		City & State	
Zip 33578	Country USA	Zip	Country

CR2E031 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 10/11/1984	
5. FEI Number 59-2450483	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED NO	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name James M. Reed			
Street Address (P.O. Box Number is Not Acceptable) 9625 Wes Kearney Way			
Suite, Apt. #, Etc.			
City Riverview	State FL	Zip Code 33578	

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 4/27/2021
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
DP	Bing Kearney	9625 Wes Kearney Way	Riverview, FL 33578

10. E-mail Address: reed5115@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.			
SIGNATURE: 		Date 04/27/2021	Daytime Phone # (813) 927-8395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #