

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 20 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H58871

1. Corporation Name

Kirkland Lake Estates, Inc.

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

2066 Ariana Blvd

Suite, Apt. #, etc.

City & State

Auburndale FL

Zip

33823

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

FL

Zip

33823

Country

USA

800120819338

03/20/08--01024--022 **2708.75

REINSTATEMENT 90-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/28/1985

5. FEI Number

592707523

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 David J Watson

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

2066 Ariana Blvd.

Suite, Apt. #, Etc.

City Auburndale

State
FL

Zip Code

33823

☒ 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

David J Watson

REGISTERED AGENT MUST SIGN

Date 3/11/08

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	DAVID J Watson	2066 Ariana Blvd	Auburndale, FL 33823
DVP	Betty L Watson	2066 Ariana Blvd	Auburndale, FL 33823
DST	DAVID J. WATSON	2066 Ariana Blvd	Auburndale, FL 33823

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:

David J Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

Date

863-287-0223

Daytime Phone #