

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -1 PM 2:07

DOCUMENT # H79894

1. Corporation Name

KART Kare Inc.
13000 Coronado Dr.
Spring Hill, FL 34609-5851

2. Principal Office Address

13000 Coronado Dr.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34609

Country

USA

3. Mailing Office Address

P.O. Box 15273

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34604

Country

USA

REINSTATEMENT 88-01

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

10-08-1985 SP

5. FEI Number

59-2654408

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

Sandra J. McCombs

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

13000 Coronado Dr.

Suite, Apt. #, Etc.

800004540748-5

-08/17/01--01092--003

***2345.00 ***2345.00

City

Spring Hill

State

FL

Zip Code

34609

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

Sandra J. McCombs
REGISTERED AGENT MUST SIGN

Date 7-30-2001

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/D	Sandra J. McCombs	13000 Coronado Dr.	Spring Hill, FL 34609

800004540748-5

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*****8.75 *****8.75

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 under section 119.07(3)(i), 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:

Sandra J. McCombs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA J. McCombs 7-30-01 (352)666-7197

Date

Daytime Phone #

CR2E081 (9/00)