

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J63926**

1. Corporation Name

**K & R ENGINEERS AND CONSTRUCTORS, INC.**

Principal Place of Business

222 CHURCH ST. STE 201  
KISSIMMEE FL 34741

Mailing Address

222 CHURCH ST. STE 201  
KISSIMMEE FL 34741

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**2481 ISLAND DR**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**LONGWOOD, FL**

City & State

Zip

**32779**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**03/19/1987**

5. FEI Number

**59-2782617**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required for a Certificate of Status**

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PS	WORD, BILLY F	4733 ALEXIS DR	KISSIMMEE FL

**400002385354--8**

**-12/30/97-01024-006**

**\*\*\*\*750.00 \*\*\*\*750.00**

8. Name and Address of Current Registered Agent

**WORD, BILLY F.**  
**4733 ALEXIS DR**  
**KISSIMMEE FL 34746**

9. Name and Address of New Registered Agent

Name

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

**2481 ISLAND DRIVE**

Suite, Apt. #, Etc.

**K.**

City

**LONGWOOD**

State

**FL**

Zip Code

**32779**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **12/22/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/22/97**

Date

**407-682-7770**

Daytime Phone #

CR2E040 (8/97)