

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 26 - PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

K41087

1. Corporation Name

K & K CENTRAL FLORIDA INVESTMENT, INC.

2. Principal Office Address

7646 W IRLO BRONSON MEM. HWY PO BOX 608557

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

Zip

34746

Country

OSCEOLA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32869-0855

Country

ORANGE

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/1988

5. FEI Number

59-297946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

JONATHAN W. SHIRLEY, ESQ.

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

171 CIRCLE DRIVE

Suite, Apt. #, Etc.

City

MAITLAND

State

FL

Zip Code

32751

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 December 23, 2003

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
Pres.	BATTLA, MOHAMMED F.	PO BOX 421060	KISSIMMEE, FLORIDA 34742-1060

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 23, 2003 (407)447-5040

Date

Daytime Phone #

Mohammed F. Battla

CR2E081 (10/02)