

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 17 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K80696**

1. Corporation Name

KIRK ENTERPRISES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

544 S.E. 15TH TERRACE
P.O. BOX 6414
OCALA FL 32678

544 S.E. 15TH TERRACE
P.O. BOX 6414
OCALA FL 32678



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/29/1989	
City & State		City & State		5. FEI Number	
Zip		Country		59-2954401	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VPD	KIRK, JOHN N.	544 S.E. 15TH TERRACE	OCALA FL
PD	KIRK, RHONDA W.	544 S.E. 15TH TERRACE	OCALA FL

100002032131-0
-12/18/96--01028--011
***375.00 ***375.00

REINSTATEMENT
12/16/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FUTCH, R. WILLIAM ESQ 758 SW 16TH AVE OCALA FL 32671		Name JOHN N. KIRK Street Address (P.O. Box Number is Not Acceptable) 544 SE 15 TERRACE Suite, Apt. #, Etc. City OCALA State FL Zip Code 34471	

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: REGISTERED AGENT MUST SIGN

Date: 12/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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

Date: 12/16/96 Daytime Phone #: (352) 867 1360