

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K93120

1. Corporation Name

MS. K. INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

9755 Hwy. 98 W.

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

U.S.

3. New Mailing Office Address, If Applicable

9755 Hwy. 98 W.

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1989

5. FEI Number

59-2952814

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D;P T;S	Martha E. Kilpatrick	116 Newman Drive	Destin, FL 32541

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Martha E. Kilpatrick

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

9755 Hwy. 98 W.

Suite, Apt. #, Etc.

City

Destin

State
FL

Zip Code
32541

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

Martha E. Kilpatrick
REGISTERED AGENT MUST SIGN

Date

2-21-99

11. This corporation owes 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:

Martha E. Kilpatrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-21-99 (850) 837-8191
Daytime Phone #

99 JUN 21 PM 3:42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400002914654-- 1
-06/24/99--01085--020
***1870.00 ***1870.00

REINSTATEMENT 91-99
CC

CR2E081 (12/96)

***CAPITAL*CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ms. K. Inc.

*(Corrected
Use attached)*

Signature _____

Requested by _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

FILED
99 JUN 21 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 JUN 21 AM 11:15
Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
☒ Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
☒ Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

RECEIVED
99 JUN 17 AM 9:52