

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000004906

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
03 MAY 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004906

Name and Mailing Address

0000736 01 FP 0.352 **PRSR T3 0 0615 32803-151315



K. T. INVESTMENTS, L.L.C.
2115 LAKESIDE DR.
ORLANDO FL 32803-1513

000020284130
05/30/03--01034--003 **200.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 2115 LAKESIDE DR. ORLANDO FL 32803 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/29/2001	
6. FEI Number		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent SHAW, THOMAS C LEFKOWITZ & BLOOM, P.A. 430 N. MILLS AVE. ORLANDO FL 32803		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Thomas C. Shaw</u> Date <u>5/21/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DALE J. TURK	2115 Lakeside Drive	Orlando, Florida 32803
REINSTATEMENT <u>02-03</u> <u>dec</u>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Dale Turk Date 5/21/03 Daytime Phone # 407-341-4929

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)