

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 21 PM 12:31

DOCUMENT # **L03986**

1. Corporation Name

KODIAK CONSTRUCTION & MANAGEMENT INC

2. Principal Office Address

504 A Royal Palm Bch Blvd N/A

Suite, Apt. #, etc.

City & State

Royal Palm Bch, FL

Zip

33411

Country

PALM BEACH

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

City & State

N/A

Zip

N/A

Country

N/A

REINSTATEMENT 94-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/21/89

5. FEI Number

65-0145981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

7. Name and Address of Current Registered Agent

Name

MARY F RAUSCH

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

1411 INDIAN ROAD

Suite, Apt. #, Etc.

City

WEST PALM BEACH, FL 33406

State

FL

Zip Code

33406

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

Mary F Rausch

Date

7/18/00

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
P	LUCKY MATA	198 WILDPINE DRIVE	WELLINGTON, FL 33411

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

Date

7/18/00

Daytime Phone #

(561) 719-9686