

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION  
FOR



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

FILED

00 NOV -3 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L18336

1. Corporation Name

GREG KITE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

501 MAIN STREET  
WINDERMERE FL 34786  
US

501 MAIN STREET  
WINDERMERE FL 34786  
US

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

09/26/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0143968

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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 3	City / State / Zip 4
DPT	KITE, GREGORY F.	1857 LAKE GROVE LANE	ORLANDO FL
DVS	KITE, JENNIFER L.	1857 LAKE GROVE LANE	ORLANDO FL
V	GASQUE, JAMES T	2240 SPRING LAKE CIRCLE 6035 LAKE LIZZIE DR	ST. CLOUD FL 34771
T	GASQUE, DEANNA	2240 SPRINGS LAKE CIRCLE 6035 LAKE LIZZIE DR	ST. CLOUD FL 34771
			500003485635--6 -12/05/00--01013--023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

GASQUE, JAMES T.

501 MAIN ST. 6035 LAKE LIZZIE DR  
WINDERMERE FL 34786 ST CLOUD FL

34771

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

11. 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

Daytime Phone #

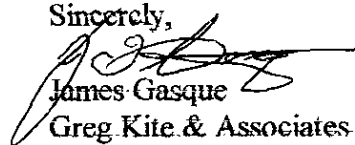
Florida Dept of State  
Tallahassee FL 32314.

Dear Sirs,

Unfortunately we did not receive the original mailing from you for the renewal of the Greg Kite and Associates Corporation, our mailing address has changed and we have had some problems with forwarding. Please accept our check for the \$150.00 amount and hopes that we may be forgiven the penalties. Our new address is as listed on the check. 6035 Lake Lizzie Drive, St Cloud FL 34771.

Thank you for your assistance in this matter.

Sincerely,



James Gasque  
Greg Kite & Associates