

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

01 JUL -2 PM 12:08

DOCUMENT # L 42158

1. Corporation Name

K K Wellington, Inc

2. Principal Office Address

112 Pioneer Rd

Suite, Apt. #, etc.

City & State

PALATKA FL

Zip

32177

Country

Putnam

3. Mailing Office Address

112 Pioneer Rd

Suite, Apt. #, etc.

City & State

PALATKA FL

Zip

32177

Country

Putnam

4. Date Incorporated or Qualified  
To Do Business in Florida

7/1/08/90

5. FEI Number

59-3063356

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

Virgil C Kounesky

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

112 Pioneer Rd

Suite, Apt. #, Etc.

City

PALATKA

State

FL

Zip Code

32177

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6/27/07

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
President	Virgil C Kounesky	112 Pioneer Rd	PALATKA FL 32177
Secretary Treasurer	JUDY ANN Kounesky	112 Pioneer Rd	PALATKA FL 32177

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]* Virgil C Kounesky

Date

6/27/01

Daytime Phone #

904 328-0349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 27, 2001  
K.K. Wellington  
Virgil C. Kovnesky  
112 Pioneer Rd.  
Palatka, FL 32177

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399

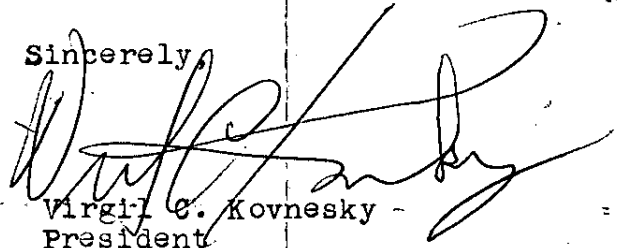
Dear Sir:

Due to postal route adjustments beyond my control, I failed to receive a filing fee bill of \$150.00 per year, for the year 1999 and 2000.

I have lived in the same home on the same street for 15 years. However, in 1998 my address was Route 5 Box 624, in 1999 my address changed to Route 7 Box 624 and then in 2000 my address again changed to 112 Pioneer Rd.

I would appreciate your consideration for reinstatement in this matter.

Sincerely,



Virgil C. Kovnesky -  
President  
K.K. Wellington  
L42158

cc vk  
attached postal letter  
attached check \$300.00