

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 18 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005595

1. Corporation Name

K.B. ALDERMAN GROUP HOLDING INC.

2. Principal Office Address

5800 SW. 198 TERR

Suite, Apt. #, etc.

City & State

SW. RANCHES FL.

Zip

33332

Country

USA

3. Mailing Office Address

5800 SW. 198 TERR

Suite, Apt. #, etc.

City & State

S.W. RANCHES FL.

Zip

33332

Country

USA

REINSTATEMENT 0203

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/2001

5. FEI Number

65-1033813

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

KARL ALDERMAN

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

5800 SW. 198 TERR

Suite, Apt. #, Etc.

City

SW. RANCHES

State

FL

Zip Code

33332

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

Karl Alderman

Date 8/14/03

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	KARL ALDERMAN	5800 SW. 198 TERR	SW. RANCHES FL. 33332
VP	ELIZABETH ALDERMAN	5100 SW. 198 TERR	SW. RANCHES FL. 33332
D	PAULINE CLAWSON	321 STAR LAKE DR.	HAWTHORNE FL. 32640
D	GENEVA BURNHAM	10700 SW. 29 PL	DAVIE FL. 33328
D	BLAINNIE ALDERMAN	10700 SW. 29 PL	DAVIE FL. 33328

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:

Karl Alderman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/03 (954)347-2056

Date

Daytime Phone #

2113