

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 MAY -3 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000022871

1. Corporation Name

KDAR ENTERPRISES, INC

600005509346--6

-05/14/02--01057--001

****150.00 ****150.00

2. Principal Office Address

PO BOX 681118

3. Mailing Office Address

PO BOX 681118

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

Country

32868

ORANGE

Zip

Country

32868

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3633470

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

Kirk Dean HAYLES

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

2715 WOODBRIDGE LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

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

KD Hayles

Date

4/25/02

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
D	HAYLES, Kirk-Dean	PO BOX 681118	ORLANDO FL 32868

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:

KD Hayles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/02 407-402-2026

Daytime Phone #

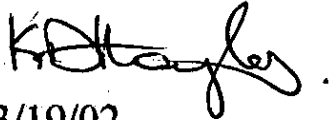
CR2E081 (9/01)

Attachment # 59-3633470

To Whom It May Concern:

There are no fees applied to KDAR ENTERPRISES, INC. due to an incomplete application form for 2001 check was mailed and cashed.

KIRK -DEAN HAYLES



3/19/02