2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000026532 1. Entity Name K.R. CORPORATION				FILED 08 JAN 29 AN 10: 03			
Principal Place of Business Mailing Address 513 N US HWY 17-92 513 N US HWY 17-92 HAINES CITY, FL 33844 HAINES CITY, FL 33844					OR JAM 29 MITTO 03 		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	D. Mailing Address 1411 Thaple St				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0123	INSTATEMEN	98 (1/07)	7-08
City & State		LAKELAND)	City & Slate CAKAMA M		er 13421	No	oplied For of Applicable
Zip	Country	33810	Country		of Status Desired	\$8.75 Add	
	6. Name and Address of Curren	Name	7. Name and Address of New Registered Agent Name				
SOLANKI, 1411 MAP LAKFLAN			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	5,72 00010		City		F	Zip Cod	e
	named entity submits this statement	for the purpose of changing it	 s registered office or regis	tered agent, or bo			and accept
signature.	tions of registered agent.	NO state tile il controlle	PTE: Registered Agent signature rec	using when pring attach	DATE		
	Signature, typed or printed name of registered age	nt and title it applicable. (NO	FIE: Registered Agent signature rec	jured when reinstating) DATE		
FII	LE NOW!!! FEE IS \$300.00				In accordance with s. 60 corporation did not rece	17.193(2)(b), ive the prior r	F.S., the notice.
10.	OFFICERS AN		11.	ADDITIONS	CHANGES TO OFFICERS AN		S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	SOLANKI, JINAL R 1411 MAPLE ST LAKELAND, FL 33810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4! 01/29	00116303 %8-01005012	□ Change 글 글:4 **300.	. (1)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLANKI, RAVI R 1411 MAPLE ST LAKELAND, FL 33810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addilion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/30	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	☐ Delete	TITLE NAME STREET ADDRESS C1TY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
	certify that the information supplied w d on this report of supplemental ipport reporation or the receiver or trustee earl or on an attachment with an and cress	ith this filing does not qualify is true and accurate and that powered to execute this repo with all other like empowere	for the exemptions contain t my signature shall have th rt as required by Chapter 6 d.	ed in Chapter 11: ne same legal effe 307, Florida Statut	9, Florida Statutes. I further coot as if made under oath; that es; and that my name appear	ertify that the in I am an officer s in Block 10 o	nformation or director r Block 11 if
SIGNAT	TURE: SIGNATURE AND THE DO	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Date	Daytime Phone #	