

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR



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

APPROVED
AND
FILED

01 OCT 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042893

1. Corporation Name

K. C. COMMUNICATIONS OF WEST CENTRAL FLORIDA, IN
C.

Principal Place of Business

Mailing Address

3169 HARVEST MOON DR.
PALM HARBOR FL 34683

3169 HARVEST MOON DR.
PALM HARBOR FL 34683

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

04/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3656590

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
D	QUITERIO, CAROLYN E	3315 HOOVER ST.	HOLIDAY FL
D	QUITERIO, ARQUIMEDES	3315 HOOVER ST.	HOLIDAY FL
D	TIBBITS, CAROLYN	3169 HARVEST MOON DR.	PALM HARBOR FL 34683
D	TIBBITS Peter D. III	3169 HARVEST MOON DR.	Palm Harbor FL 34683
			800004655228--9 -10/26/01-01065-001 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CIANFRONE, JOSEPH R
1968 BAYSHORE BLVD.
DUNEDIN FL 34688

Name Peter D. Tibbits III
Street Address (P.O. Box Number is Not Acceptable)
3169 HARVEST MOON DR
Suite, Apt. #, Etc.
PALM HARBOR FL.
City PALM HARBOR FL. State FL Zip Code 34683

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

Peter D. Tibbits III
REGISTERED AGENT MUST SIGN

Date

10/26/01

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 #

10-26-01

CR2E040 (8/01)

10-26-01

TO WHOM THIS MAY CONCERN

K.C. COMMUNICATION OF WEST CENTRAL RE. INC

NEVER RECEIVED ANY PRIOR NOTICES.

Sincerely
Pete Shatt
DIRECTOR