


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 AM 10:31

DOCUMENT # P00000070043

1. Corporation Name

K.D.K. CORPORATION

Principal Place of Business 227 SE 30 TERRACE CAPE CORAL FL 33904	Mailing Address 227 SE 30 TERRACE CAPE CORAL FL 33904
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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 07/19/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 325-46-7888	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	KUDLA, FRANK	227 SE 30 TERRACE	CAPE CORAL FL 33904
D	KUDLA, DEBORAH	227 SE 30 TERRACE	CAPE CORAL FL 33904

400004671314--1
-11/07/01--01068--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KUDLA, FRANK 227 SE 30 TERRACE CAPE CORAL FL 33904		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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.

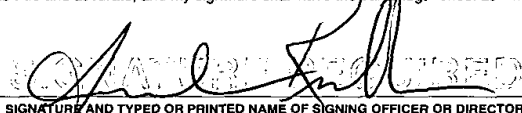
Signature of Registered Agent


REGISTERED AGENT MUST SIGN

Date 10-14-01

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

10-14-01 941-458-0780

Date Daytime Phone #

CR2E040 (8/01)

October 14, 2001

To Whom It May Concern:

I was told on the phone that I should have received a notice of a request for \$150.00 for yearly fees for a corporation. I never received a statement in January, or again in April of 2001 as I was told I should have.

Since this was my first having a corporation, I wasn't aware that any fees were do, therefore I wasn't looking for any correspondence.

- - - Please except this \$150.00 check to cover the cost and waive any late fees.

I now know that these fees are due and will make sure they are paid in full on a timely matter.

The consideration is greatly appreciated!!

Thank you very much,



Deborah I. Kudla
Vice-President
KDK Corporation