

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 27 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000086301

1. Corporation Name

K & N BARBER SHOP INC

REINSTATEMENT

05-10

300167363133
01/27/10--01039--015 **\$300.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
2428 SE FEDERAL HWY

3. Mailing Office Address
2428 SE FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34994

Country

USA

Zip

34994

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/12/2000

5. FEI Number
65-1045312

☐ 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
KATHLEEN KESLER

Street Address (P.O. Box Number is Not Acceptable)
1591 SE POMEROY STREET

Suite, Apt. #, Etc.

City
STUART

State
FL

Zip Code
34997

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Kathleen Kesler

REGISTERED AGENT MUST SIGN

Date

1/22/10

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
PRE	KATHLEEN KESLER	1591 SE POMEROY ST	STUART, FL 34997

10. E-mail Address: SCOTTSSHEARER@YAHOO.COM

(To be used for future annual report notification)

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. I further certify 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:

Kathleen Kesler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/10

Daytime Phone #