## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION ---**Katherine Harris** FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPCEATIONS 02 APR 30 AM II: 02 **DOCUMENT #** 1. Corporation Name SECRÉTARY OF STATE TALLAHASSEE, FLORIDA K-2 CAPITAL CORP. Principal Place of Business Mailing Address 10240 WOODFORD BRIDGE STREET 10240 WOODFORD BRIDGE STREET TAMPA FL 33626 TAMPA FL 33626 05/09/02--01058--011 \*\*\*\*150.00 \*\*\*\*150.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 10/17/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State-Not Applicable Country Country Name of Officers Street Address of Each City / State / Zip Officer and/or Director and/or Directors

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 10240 Woodfand Prid TAMPA PL 33626 800005501038-<del>05/03/02--01058--</del>012 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name STEIN, KEVIN Street Address (P.O. Box Number is Not Acceptable)

10. I, being appointed the registered agent of the above named control on am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

TAMPA FL 33626

10240 WOODFORD BRIDGE STREET

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City & State

REGISTERED AGENT MUST SIGN

State Zip Code

CR2E040 (

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.\$. I furtifier 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.

Suite, Apt. #, Etc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Michael A. Knox, CPA, P.A.



6023 S. 2<sup>nd</sup> Street Tampa, FL 33611-4707 Tel/Fax 813-831-0689

April 20, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

K-2 Captial Corp.

EIN # 59-3679205

Document #P00000098281

To Whom It May Concern:

As per your instructions we are formally requesting an abatement of all penalties associated with the filing of the annual report and its reinstatement. Attached are your letter of instruction, application for reinstatement and two checks totaling \$300.00.

I believe that we have supplied you with all the information you requested.

Thanking in advance for your cooperation. If you have any questions, please contact my office.

Sincerely,

Michael A. Knox, CPA, CVA



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 21, 2002

K-2 CAPITAL CORP. 10240 WOODFORD BRIDGE STREET TAMPA, FL 33626

SUBJECT: K-2 CAPITAL CORP. Ref. Number: P00000098281

We have received your document for K-2 CAPITAL CORP, and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$300.00.

Please attach a letter requesting fee abatement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 602A00016877