

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

03 AUG 12 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000033847

1. Corporation Name

4K BOBCAT SERVICE INC

2. Principal Office Address

7756 CORAL BLVD

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

USA

3. Mailing Office Address

7756 CORAL BLVD.

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

USA

**REINSTATEMENT** 02-03

600021764976

07/24/03--01057--005 \*\*741.25

11/01/02 01098 008 \$158.75

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/2001

5. FEI Number

69-1093348

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

KEVIN RAMCHARAN

Street Address (P.O. Box Number is Not Acceptable)

7756 CORAL BLVD

Suite, Apt. #, Etc.

City

MIRAMAR,

State

FL

Zip Code

33023

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

*Kevin Ramcharan*

REGISTERED AGENT MUST SIGN

Date 8/6/03

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
PTD	KEVIN RAMCHARAN	7756 CORAL BLVD	MIRAMAR, FL, 33023
VPSD	SATI DORIE	7756 CORAL BLVD	MIRAMAR, FL, 33023

10. 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:

*Sati Dorie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/03

Date

954 963 2266

Daytime Phone #

CR2E001 (10/02)