

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -6 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071133

1. Corporation Name

K H - WOW Inc.

2. Principal Office Address

931 SW 8th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

3. Mailing Office Address

6340 NW Ale Court

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34983

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/01

5. FEI Number

65-1132466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

03-06

7. Name and Address of Current Registered Agent

Name

Kenneth Hamblin

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

6340 NW Ale Court

Suite, Apt. #, Etc.

City

Port St. Lucie

State
FL

Zip Code

34983

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

REGISTERED AGENT MUST SIGN

Date 10-3-06

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
PD	Kenneth Hamblin	6340 NW Ale Court	Port St. Lucie, FL 34983

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 contained in Chapter 119, 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

10-3-06 772-370-0551

Date

Daytime Phone #