

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000117280

1. Corporation Name

K Development Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

5345 Hammock Drive

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33156

Country

USA

3. Mailing Office Address

5345 Hammock Drive

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33156

Country

USA

7. Name and Address of Current Registered Agent

Name

Kadre, Neil

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

5345 Hammock Drive

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33156

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

2/9/2010

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	Kadre, Neil	5345 Hammock Drive	Coral Gables, FL 33156
ST	Kadre, Manuel	5345 Hammock Drive	Coral Gables, FL 33156
		M. MILLIGAN EXAMINER	
		MAR 10 2010	

10. E-mail Address: Anna@mannykadre.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:

Manuel Kadre

Manuel Kadre

Date

2/9/2010

Daytime Phone #

FILED

10 MAR -9 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-10

400168547684

02/11/10--01032--007 **1050.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.