

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000006551

1. Corporation Name

K B H OF COLLIER COUNTY, INC.

Principal Place of Business

Mailing Address

3140 60TH STREET SW
NAPLES FL 34116

3140 60TH STREET SW
NAPLES FL 34116

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2002

5. FEI Number

300023925

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HEID, KATHLEEN	3140 60TH STREET SW	NAPLES FL 34116

500023924755
10/20/03--01008--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEID, KATHLEEN
3140 60TH STREET SW
NAPLES FL 34116

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Kathleen Heid
REGISTERED AGENT MUST SIGN

Date 10/11/03

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 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:

Kathleen Heid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/03 (239) 353-2745
Date Daytime Phone #

K B H INC.

3140 60 Th. Street SW
Naples, Florida 34116

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Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Re: Reinstatement of Corporation

KBH was incorporated on January 18, 2002 by my accountant. I never received a Uniform Business Report nor a Second Notice. I am requesting the reinstatement fee be waived. Please find enclosed a check for \$150.00 and the completed application for reinstatement.

Thank You



Kathleen Heid

October 11, 2003