

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016443

1. Corporation Name

K & S Trawler, Corp.

REINSTATEMENT 03

700025312607
12/03/03--01015--008 **750.00

2. Principal Office Address
6700 Nova Drive

3. Mailing Office Address
Same

Suite, Apt. #, etc.
#106

Suite, Apt. #, etc.

City & State
Davie, Florida

City & State

Zip Country
33317 USA

Zip Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/13/2002

5. FEI Number
61-1404629

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

Kelsey M. Jones

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

6700 Nova Drive

Suite, Apt. #, Etc.

#106

City

Davie

State
FL

Zip Code
33317

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

Kelsey M. Jones

REGISTERED AGENT MUST SIGN

Date 12/03/03

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
PD	Kelsey M. Jones	6700 Nova Drive, #106	Davie, FL 33317
STD	Sally R. Dixon	6700 Nova Drive, #106	Davie, FL 33317

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:

Kelsey M. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelsey M. Jones, (786) 208-2291 12/03/03

Date

Daytime Phone #

CR2E081 (10/02)