

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000018113

1. Corporation Name

KAPPA PROPERTIES, INC.

800024167358
10/27/03--01062--023 **150.00

REINSTATEMENT 03

2. Principal Office Address

2601 E. Oakland Park Blvd

3. Mailing Office Address

2601 E. Oakland Park Blvd

Suite, Apt. #, etc.

Suite # 205

Suite, Apt. #, etc.

Suite # 205

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33306

Country

US

Zip

33306

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2002

5. FEI Number

02-0549256

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

BLACKBURN ACE J ESP

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

2312 WILTON DR

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33305

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 10/23/03

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
D	HALMOUKOS, KONSTANTINOS	2601 E. Oakland Park Blvd # 205	FORT LAUDERDALE, FL 33306
D	BLACKBURN, ACE J. JR.	2312 WILTON DR	FORT LAUDERDALE, FL 33305

10. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03 (954) 567-4711

Date

Daytime Phone #

CR2E081 (10/02)

21 10/30

October 23, 2003

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Kappa Properties, Inc. Document #P02000018113

Dear Sir/Madam;

This is to inform you that Kappa Properties, Inc. has never received a renewal notice in the mail for Annual Report. We would like to reinstate the corporation as soon as possible and have the reinstatement fee waived since due to no fault of ours the annual report has not been filed yet.

Enclosed you will find a check in the amount of \$150 (One-hundred fifty dollars) to cover the required fees.

Should you have any questions or comments, please do not hesitate to contact us.

Sincerely,

Kappa Properties, Inc.