

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 29 AM 9:41

DOCUMENT # P02000042318

1. Corporation Name

KBD, Inc.

KS

500173446935
03/29/10--01064--024 ***300.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida 4/18/2002

5. FEI Number
01-0662345

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
David Scofield

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

3637 Hwy 231

Suite, Apt. # Etc

City
Panama City

State Zip Code
FL 32404

☒ 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.

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

David Scofield

REGISTERED AGENT MUST SIGN

Date 3/25/10

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
President	David D Scofield	3637 Hwy 231	Panama City, FL 32404
Vice-President	Benny L Forehand	3637 Hwy 231	Panama City, FL 32404
Secretary	Kerry B Haynes	3637 Hwy 231	Panama City, FL 32404

10. E-mail Address: davidpancabco@comcast.net

(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:

David Scofield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/10 850-769-3518

Date

Daytime Phone #