

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -6 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061898

1. Corporation Name

Kevin Sepe, Inc
~~Sepe~~

2. Principal Office Address

40 Ronny J Halperin, PA

Suite, Apt. #, etc.
312 SE 17 ST
Second Floor

City & State

Ft. Lauderdale, FL

Zip

33316

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

20-0928663

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

Ronny J. Halperin, PA

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

312 SE 17 ST.

Suite, Apt. #, Etc.

Second Floor

City

Ft. Lauderdale, FL

State

FL

Zip Code

33316

700031852317

04/06/04-01005-021 **300.00

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

Ronny J Halperin, Pres
REGISTERED AGENT MUST SIGN

Date 3/30/04

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-P	Kevin Sepe	40 Ronny J Halperin, PA 312 SE 17 ST., 2nd Floor	Ft. Lauderdale, FL 33316

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/04 305-576-6889

Daytime Phone #

CP2E001 (01/04)

LAW OFFICES
RONNY J. HALPERIN, P.A.

312 Southeast 17th Street
Second Floor
Ft. Lauderdale, Florida 33316
Telephone: (954) 767-4804
Facsimile: (954) 767-4821

March 27, 2004

Uniform Business Reports
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Document # P02000061898

Ladies and Gentlemen:


Enclosed is a Corporation Reinstatement form for filing on behalf of Kevin Sepe, Inc. (the "Company"), along with a check in the amount of \$300.00 to cover the applicable filing fee for 2003 and 2004.

We respectfully request that the Reinstatement form and filing fee be accepted by the Division of Corporations as sufficient, and that the Company not be charged late fees and reinstatement fees, since neither the 2003 Uniform Business Report nor any subsequent notices were ever received by the Company after it moved.

In order to avoid any future delays in receipt of correspondence from the Division, the Company has corrected its mailing address on the enclosed Reinstatement form. In addition, the Company has also taken additional steps to correct its record-keeping procedures to ensure that all future reports are timely filed with the Division of Corporations.

Thank you for your assistance in this matter and do not hesitate to contact me should you have any questions or require additional information.

Sincerely,



Ronny J. Halperin