

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062350

1. Corporation Name

Kontor Property Management Inc.

2. Principal Office Address

245 SW N. Wakefield Circle

Suite, Apt. #, etc.

City & State

Pt St Lucie FL

Zip

34953

Country

St Lucie

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

6/5/02

5. FEI Number

82-0547973

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

Anthony E.J. Jones

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

245 S.W. N. Wakefield Circle

Suite, Apt. #, Etc.

City

Pt St Lucie FL

State

FL

Zip Code

34953

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/28/04

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
PD	Anthony E.J. Jones	245 SW N. Wakefield Circle	Pt St Lucie FL 34953
SD	Pamela G Jones	245 SW N. Wakefield Circle	Pt St Lucie FL 34953

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/04

Daytime Phone

[Signature]

CR2E081 (10/02)

262

May 13, 2004


Florida Department of State
Division of Corporations PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is a statement that I did not receive the original/second notice uniform business report.

Please accept this and reinstate my corporation. The UBR reinstatement form is attached.

Sincerely


Pamela Jones, Secretary
Kontor Property Management

April 28, 2004

Kontor Property Management Inc
245 SW Wakefield Circle
Pt St Lucie FL 34953

Florida Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

Dear Sir/Madam:

Please find enclosed the original Application for Reinstatement of our corporation, Kontor Property Management, Inc. (Document number P02000062350)

We did not realize we needed to file a report each year, and this business did not really get started doing business until 2003.

We understand that by sending in \$300 will allow my corporation to be reinstated, and will pay the fee for both 2003 and 2004.

Please advise if any other information is needed. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Jones".

Pamela Jones, Secretary
Kontor Property Management Inc