## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS** 

P02000065991 DOCUMENT #

1. Corporation Name

K.T. BUILDERS INC.

Tas COOPERPELD CR UNE WORTH R. 3MET  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  3. New Mailing Office Address, If Applicable  4. Date Incorporated or Country  Applicable  4. Date Incorporated or Countries  Applicable  5. FEI Number  Applicable  7. Names and Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names of Officers  Andress of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. Standards Far Newfork  For Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names of Officers  Andress of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. Standards Far Newfork  For Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. Standards Far Newfork  For Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. Standards Far Newfork  For Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. Standards Far Newfork  For Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. Standards Far Newfork  For Address of Each Officer and/or Director Far Newfork  For Address of Each Officer and/or Director Far Newfork  For Address of Each Officer and/or Director Far Newfork  9. Name and Address of New Registered Agent  9. Name and Address of New Registered Agent  10. LAKE WORTH FL 33467  8. TERRY, WILLIE  9. Name and Address of New Registered Agent  10. Lake WORTH FL 33467  10. Lake WORTH FL 33467  10. Lake WORTH FL 33467  10. Lak	Principal Pl	lace of Busine	ss	Mailing Addr	ess		1			
A above addresses are incorrect in any way, line through incorrect information and enter correction below.   Country   Country   A Date incorporated or Cutalified To Do Business in Florida   Coloradores, if Applicable	7335 COOPEREIEI D. CIR. 7935 COORE				REIELD CIR			AR BERKER HABIN BERKH BOLKK BORKH BOKKE BUKKEN F	ANK <b>a</b> k <b>a</b> kk <b>a</b> k <b>aka</b> k kiro k <b>aa</b> k	
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.   2. New Principal Office Address, if Applicable   3. New Mailing Office Address, if Applicable   4. Date incorporated or Qualified To Do Buniness in Florids   O6/27/2002							DEIMOTRICINENII 03			
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Suite, Apt. #, etc.    Suite, Apt. #, etc.	New Principal Office Address, If Applicable . 3. New Mail				ing Office Address, If Applicable		4. Date Incorp	porated or Qualified		
Suite, Apt. #, etc.    Suite, Apt. #, etc.					<u> </u>		To Do Busi	ness in Florida 06/2	7/2002	
City & State    Zip	Suite, Apt. #, etc.				, etc.		5. FEI Numbe			
Zip   Country   Zip   Country   Co	City & State City			City & State			1		<del></del>	
Zip Country Country Certificate of Status  7. Names and Street Addresses of Each Officer and/or Director (Forida nonprofit corporations must list at least 3 directors)  Title(s) 2 Name of Officers 3 Street Address of Each Officer and/or Directors 3 Officer and/or Director 4 City / State / Zip  P ANTHONY KADDOURI, ZIAD TAREK 7335 COOPERFIELD CIR LAKE WORTH FL 33467  V TERRY, WILLIE 7335 COOPERFIELD CIR LAKE WORTH FL 33467  S TERRY, WILLIE 7335 COOPERFIELD CIR LAKE WORTH FL 33467  ANTHONY KADDOURI, ZIAD TAREK 7335 COOPERFIELD CIR LAKE WORTH FL 33467  ANTHONY KADDOURI, ZIAD TAREK 7335 COOPERFIELD CIR Street Address of New Registered Agent Name Name Name Name Name Name Name Name				<u> </u>	_		6	AA 35		
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The Locking that Lam an onice of chocker of the receiver of this receive the above about an original receiver of the receiver of the community	11. I certify	that I am an o	officer or director or the rece	iver or trustee en	npowered to	execute this application as a	provided for in cha	apter 607 or 617. F.S. I further ce	ertify 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.

10 - 10 - 03

Date Daytime Phone #

FILED

03 OCT 20 AM 10: 20

SECKETARY OF STATE TALLAHASSEE, FLORIDA

SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## K.T ENTERPRISES INC.

October 15, 2003

7335 COPERFIELD CIR. LAKEWORTH, FL 33467

Dear Sir or Madam:

I did not received any notice or report for the year 2003. I thank you in advance for your help in this matter.

Sincerely,

ZIAD T KADDOURI