

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000065991**

1. Corporation Name

**K.T. BUILDERS INC.**

Principal Place of Business

Mailing Address

7335 COOPERFIELD CIR  
LAKE WORTH FL 33467

7335 COOPERFIELD CIR  
LAKE WORTH FL 33467

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| P             | <del>ANTHONY KADDOURI, ZIAD TAREK</del>   | 7335 COOPERFIELD CIR                                   | LAKE WORTH FL 33467     |
| V             | TERRY, MARVIN                             | 7335 COOPERFIELD CIR                                   | LAKE WORTH FL 33467     |
| S             | TERRY, WILLIE                             | 7335 COOPERFIELD CIR                                   | LAKE WORTH FL 33467     |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

ANTHONY KADDOURI, ZIAD TAREK  
7335 COOPERFIELD CIR  
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name

**ZIAD T KADDOURI**

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03

CR2E040 (7/03)

**K.T ENTERPRISES INC.**

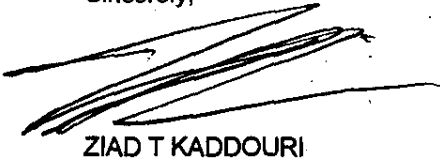
October 15, 2003

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,

A handwritten signature in black ink, consisting of several overlapping, slanted strokes that form a stylized representation of the name Ziad T Kaddouri.

ZIAD T KADDOURI