

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000087481

1. Corporation Name

KINGFISHKOFFIN PRODUCTS, INC.

Principal Place of Business

2550 HIBISCUS STREET
SARASOTA FL 34239

Mailing Address

2550 HIBISCUS STREET
SARASOTA FL 34239

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

7 South Lime Avenue

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34237

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/2002

5. FEI Number

05-0533251

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SUPER, JOSEPH M	2550 HIBISCUS STREET	SARASOTA FL 34239
D	SUPER, MAGGIE	2550 HIBISCUS STREET	SARASOTA FL 34239

REINSTATEMENT

8. Name and Address of Current Registered Agent

KURVIN, STEPHEN H
7 SOUTH LIME AVENUE
SARASOTA FL 34237

9. Name and Address of New Registered Agent

Name

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

Stephen H Kurvin
REGISTERED AGENT MUST SIGN

Date 10.14.03

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:

Maggie Super
Maggie Super

10.14.03

Date

941-957-0222

Daytime Phone #

CR2E040 (7/03)

2052

STEPHEN H. KURVIN

Attorney at Law
7 South Lime Avenue
Sarasota, Florida 34237

Telephone
(941) 957-0222

Facsimile
(941) 366-6925

October 14, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

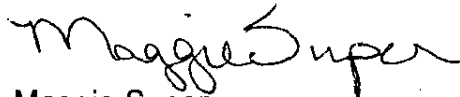
Re: KingfishKoffin Products, Inc.

Dear Sir or Ma'am:

Please be advised that I am a director of the above-referenced corporation as well as the secretary to the Registered Agent, Attorney Stephen Kurvin.

Neither the corporation nor I ever received the two prior uniform business report notices. Please file the enclosed report without penalty. A corporate check in the amount of \$150 is enclosed for that purpose.

Thank you,

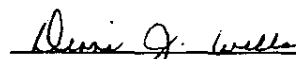

Maggie Super

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 14th day of October 2003, by MAGGIE SUPER, a director of KingfishKoffin, Inc., on behalf of the corporation, who is personally known to me.



Diana J. Wells
MY COMMISSION # DD125407 EXPIRES
June 12, 2006
BONDED THRU TROY FAIN INSURANCE, INC.


Notary Public
Commission No./Expiration: