## 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 # P02000104454

1. Corporation Name

K.B.O. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

7313 ANDORRA PLACE BOCA RATON FL 33433 7313 ANDORRA PLACE BOCA RATON FL 33433 FILED

03 OCT 28 AM 9: 15

SECRETARY OF STATE TALLAHASSEE. FLORIDA

- はしつてんてきもんだんご

KFIN9	IAL	MICIA	03

				200024198002 10/28/0301023029 **150.00					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					10/40/	. <u>nontnconc</u>	3 **!20.00		
2. New Pri	$\neg \cup \cap \cup $	oal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		f Applicable	Date Incorporated or Qualified		,		
	24916/8 de Ld	2497 Glades Rd		To Do Business in Florida		09/26/2002			
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.		. <del>-</del>	5. FEI Number Applied For					
City & State City & State		- 1		06-1650529					
		Boce Refor T-1				Not Applicable			
Zip 33 1	431 Country USA	Zip 3-3 9	Count	" USA		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)									
Title(s)	Name of Officers and/or Directors			reet Address of Each fficer and/or Director					
PTD	JUROVIESKY, BERNARD	7313 ANDORRA PLACE			BOCA RATON FL 33433				
VSD	JUROVIESKY, KIMBERLY F 7313		7313 ANDORRA	13 ANDORRA PLACE		BOCA RATON FL 33433			
					<del>-</del>				
			<del> </del>				·		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
		•		Name	to be send =				
SPIEGE	EL & UTRERA, P.A.			nim					
Street Address (P.					O. Box Number is Not Acceptable)				
1840 SW 22ND S1.				(aces be					
MIAMI FL 33145				ite lo	ነ				
City			City Bola	g Ole Lon State Zip Code FL 3343/					
10. I, being	appointed the registered agent of the above	ve named corpo	oration, am familiar v	vith and accept the ot	oligations of Secti	on 607.0505, F.S. or 617.0	0505, F.S.		
	a *								
		.1					1 -		
Signature of Registered Agent Date						Date	107		
- 3.2.2.20		GISTEBED AG	ENT MUST SIGN				-		
	that I am an officer or director or the receiv								

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 filling 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 STANING OFFICER OR DIRECTOR

10 (18/07 S1-36+600)

I never received any notice or paperwork concerning filing a business report. This is the first time I have ever had a corporation and had never heard of such a thing. I spoke with the people who filed my corporation for me and they said I was supposed to receive something in the mail. I never did for either corporation. I called your hotline number which said if you did not receive it send in 150\$ which is the regular fee so that is what I have enclosed. I cannot afford anymore than that so if that is not sufficient I will have to close my 2 corporations. This is our first year in business and we are struggling to make it work.

Thankyou,

Kimberly Juroviesky