

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hod  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121849

1. Corporation Name

FOUR K'S & L, INC.

Principal Place of Business

Mailing Address

5116 OLD WINTER GARDEN ROAD  
ORLANDO FL 32811

5116 OLD WINTER GARDEN ROAD  
ORLANDO FL 32811

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 Business in Florida

11/14/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

04-3722797

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HARNARAIN, KEVIT	5116 OLD WINTER GARDEN ROAD	ORLANDO FL 32811
STD	HARNARAIN, LEELA	5116 OLD WINTER GARDEN ROAD	ORLANDO FL 32811

100023968191  
10/21/03 01054 014 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARNARAIN, KEVIT  
5116 OLD WINTER GARDEN ROAD  
ORLANDO FL 32811

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/03

Date

407-522-6541

Daytime Phone #

CR2E040 (7/03)

**FOUR K'S & L, INC.**  
**5116 OLD WINTER GARDEN RD**  
**ORLANDO, FL 32811**  
**TEL. (407) 522-6541**

October 11, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

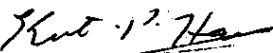
Dear Sirs:

**Re: FOUR K'S & L, INC.**  
**Document No. P02000121849**

We enclose herewith the Uniform Business Report for the year 2003 along with the fee of one hundred and fifty dollars (\$150.00). The 2003 Uniform Business Report was never received and since the corporation was only formed in November of 2002, we were not aware that this report was due. We recently received the notice of administrative dissolution from the Department of State that brought our attention to the fact that the Uniform Business Report for 2003 was necessary.

We realize that this report is late in coming and apologize for any inconvenience as a result of the delay. We respectfully request an abatement of any associated penalties as there is clearly no intension of withholding our filing fees.

Respectfully,

  
Kevit Harnaraine  
President