

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL

AND
FILED

06 APR 28 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000039848

1. Corporation Name

K & E CONTRACTOR OF CENTRAL FLORIDA, INC.

100073995111
05/04/06--01024--012 **450.00

REINSTATEMENT

04-06

2. Principal Office Address

5467 VINELAND RD

3. Mailing Office Address

5467 VINELAND RD

Suite, Apt. #, etc.

6102

Suite, Apt. #, etc.

6102

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip
32811

Country

USA

Zip
32811

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2003

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELLEN T. MALTA

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

5467 VINELAND RD

Suite, Apt. #, Etc.

6102

City

ORLANDO

State

FL

Zip Code

32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

E. Malta

REGISTERED AGENT MUST SIGN

Date **APRIL 27, 2006**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ELLEN T. MALTA	5467 VINELAND RD # 6102	ORLANDO, FL 32811
V	PAULO F. FERREIRA	5467 VINELAND RD # 6102	ORLANDO, FL 32811

10. 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 contained in Chapter 119, 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:

E. Malta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27, 2006

Date

Daytime Phone #

4/28/06

212

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

PER INSTRUCTION FROM DIVISION OF CORPORATIONS, I AM ATTACHING A CHECK IN THE AMOUNT OF \$ 450.00 FOR THE ANNUAL REPORT FEE WITH MY APPLICATION.

WE DID NOT RECEIVE THE U.B.R., FOR THE YEARS 2004, 2005 OR ANY OTHER NOTICE FROM THE DIVISION OF CORPORATION IN RESPECT WITH THE CORPORATION **K & E CONTRACTOR OF CENTRAL FLORIDA, INC.**

THANK YOU FOR YOUR COURTESY IN THIS MATTER.


ELLEN T. MALTA
PRESIDENT