

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 10 AM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD3000062960

1. Corporation Name

KEVIN FORMICA INC.

500162639365
11/09/09--01060--015 **450.00

11/13/09

2. Principal Office Address- No P.O. Box #

1269 SW 8th ST

Suite, Apt. #, etc.

Boca Raton FL

City & State

33486 USA

Zip

Country

3. Mailing Office Address

1269 SW 8th ST

Suite, Apt. #, etc.

Boca Raton FL

City & State

33486 USA

Zip

Country

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

6/4/2003

5. FEI Number

421 628 671

☐ 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 KEVIN FORMICA

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

1269 SW 8th ST

Suite, Apt. #, Etc.

Boca Raton FL

City

State

FL

Zip Code

33486

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/6/09

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
President	KEVIN FORMICA	1269 SW 8th ST	Boca Raton FL 33486

10. E-mail Address:

KEVIN FORMICA @ AOL.COM

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

11/6/09

Date

Daytime Phone#