

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 14 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000092518

1. Corporation Name

K&E FINANCIAL SERVICES &  
LEARNING CENTER

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

3426 FOWLER ST

Suite, Apt. #, etc.

City & State

FORT MYERS FL

Zip

333901

Country

U.S.A

3. Mailing Office Address

7572 NW 1ST PLACE

Suite, Apt. #, etc.

City & State

PLANTATION FL

Zip

33317

Country

U.S.A

**REINSTATEMENT**

08

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

043779885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

Kinson Edouard

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

7572 NW 1ST PLACE

Suite, Apt. #, Etc.

City

PLANTATION FL 33317

State

FL

Zip Code

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

Kinson Edouard

Date

10-09-2008

REGISTERED AGENT MUST SIGN

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
	<u>HANN WOSVEIT ISNER</u>	<u>7572 NW 1ST PLACE</u> <u>N/A</u>	<u>PLANTATION FL 33317</u> <u>N/A</u>
	<u>OWNER VP. Kinson Edouard</u>	<u>7572 NW 1ST PLACE</u>	<u>PLANTATION FL 33317</u>

800136898418  
10/14/08--01023--015 \*\*300.00

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:

Kinson Edouard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-09-2008 (954) 274-9818

Daytime Phone #

274-9818

10/14/08