

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000132093

1. Corporation Name

KIRKLAND FLOYD FINANCIAL SERVICES

2. Principal Office Address - No P.O. Box #  
4900 LINTON BLVD.

3. Mailing Office Address  
5169 CHARDONNAY DR.

Suite, Apt. #, etc.  
29

Suite, Apt. #, etc.

City & State  
DELRAY BEACH, FL

City & State  
CORAL SPRINGS, FL

Zip  
33445

Country  
USA

Zip  
33067

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 06/2003

5. FEI Number  
45-0525295

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  
KIRKLAND FLOYD

Street Address (P.O. Box Number is Not Acceptable)  
5169 CHARDONNAY DR.

Suite, Apt. #, Etc.

City  
CORAL SPRINGS

State Zip Code  
FL 33067

☒ 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 617.0503, F.S.

Signature of  
Registered Agent

*Kirkland Floyd*  
REGISTERED AGENT MUST SIGN

Date

10-28-09

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
PRES	KIRKLAND FLOYD	5169 CHARDONNAY DR.	CORAL SPRINGS, FL 33067

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:

*Kirkland Floyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-09 561-637-0800

Daytime Phone #

10/30