

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC -6 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000146032**

1. Corporation Name  
KMK OF LEE, INC.

5405 6TH ST W  
5405 6TH ST W

2. Principal Office Address  
5405 6TH ST W

3. Mailing Office Address  
5405 6TH ST W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LEHIGH ACRES, FL

City & State  
LEHIGH ACRES, FL

Zip Country  
33971 USA

Zip Country  
33971 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/1/2004

5. FEI Number  
51-0489554

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  
OSCAR HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)  
5405 6TH ST W

Suite, Apt. #, Etc.

City  
LEHIGH ACRES

State Zip Code  
FL 33971

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

REGISTERED AGENT MUST SIGN

Date

**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	OSCAR HERNANDEZ	5405 6TH ST W	LEHIGH ACRES, FL 33971

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 under section 119.07(3)(f), 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:

*Oscar Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-04

Date

Daytime Phone #

CR2E081 (01/04)