

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB 22 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P04000028840

**1. Corporation Name**  
KD2, Inc.

**REINSTATEMENT**

<b>2. Principal Office Address</b> 3995 Deer Crossing Court Suite, Apt. #, etc. 10-204 City & State Naples Zip 34114 Country U.S.A.		<b>3. Mailing Office Address</b> 3995 Deer Crossing Court Suite, Apt. #, etc. City & State Naples Zip 34114 Country U.S.A.	
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CR2E081 (12/05)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 2/11/2004	
<b>5. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

<b>Name</b> Jamie B. Greusel, Esq.	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1104 N. Collier Blvd. <b>Suite, Apt. #, Etc.</b>	
<b>City</b> Marco Island	<b>State</b> FL <b>Zip Code</b> 34145

**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**

*Jamie B. Greusel*  
REGISTERED AGENT MUST SIGN

**Date** 1/12/07

**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, T	Kenneth F. Mateja	3995 Deer Crossing-Ct.10-204	Naples, FL. 34114
VP, S	Daniel D. Mateja	3995 Deer Crossing Ct.10-204	Naples, Fl. 34114

**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:**

*Kenneth F. Mateja*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07 239-394-8111  
Date Daytime Phone #