

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAR 21 PM 1:06

DOCUMENT # P04000132171

1. Corporation Name

KEJ INSTALLATION FURNITURE, INC

REINSTATEMENT 05-07

04/29/05 90291 032 \$ 100.00  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
8411 NW 3 ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PEMBROKE PINES, FL

City & State

Zip  
33024

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 09212004

5. FEI Number  
201645408

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  
KAREN FLORES

Street Address (P.O. Box Number is Not Acceptable)  
8411 NW 3 ST

Suite, Apt. #, Etc.

City  
PEMBROKE PINES, FL

State  
FL

Zip Code  
33024

☒ 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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 03/19/2007

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
PDT	FLORES KAREN	8411 NW 3 ST	PEMBROKE PINES, FL33024
VPD	FLORES EDGAR	8411 NW 3 ST	PEMBROKE PINES, FL33024

900096009839  
04/06/07--01049--010 \*\*350.00

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2007

754-246-5531

Date

Daytime Phone #