

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

10 JUL 19 AM 11:37

DOCUMENT # POS000119905

1. Corporation Name

K+D Vintage Cleaning Service,
Inc.

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

4545 Aguila Place
Suite, Apt. #, etc.

3. Mailing Office Address

4545 Aguila Place
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

Country

32826 USA

Zip

Country

32826 USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/05

5. FEI Number

20-3391895

☐ 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

Dianne Lopez

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

4545 Aguila Place

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32826

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/2/10

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	Dianne Lopez	4545 Aguila Place	Orlando, FL 32826

10. E-mail Address: orlandotax@cfl.fl.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/2/10

Daytime Phone #