

**CORPORATION
REINSTATEMENT**



DEED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

K C Out Doors, INC.

W08-23219

PO, Box 116 Matlacha
33993 FL. A

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

3. Mailing Office Address

2623 westpoint LN

~~2622 Vert 1 foot 1 in~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State MATLACHA FL

City & State
Maitland, FL

Zip
33993

Country
USA

Zip
23993

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
30-0392317

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

GERZ, CHARLIE

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

Address (P.O. Box Number is Not Acceptable)
2623 West Point LN

Suite, Apt. #, Etc.

City MATLACHA

State
FL

Zip Code
27493

☒ 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

Date _____

REGISTERED AGENT MUST SIGN

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
D	GERZ, CHARLES	2623 West Point Ln	Maitland FL 32751

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #