

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000009307

**FILED**  
**Dec 18, 2007**  
**Secretary of State**

**Entity Name:** KING CONSULTING AND INVESTMENT GROUP, INC.

**Current Principal Place of Business:**

222 S WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

841 EAGLE CLAW CT  
LAKE MARY, FL 32746

**Current Mailing Address:**

222 S WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

841 EAGLE CLAW CT  
LAKE MARY, FL 32746

**FEI Number:** 03-0596132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, MICHAEL  
841 EAGLE CLAW CT  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MICHAEL W KING

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVS ( ) Delete  
Name: KING, MICHAEL  
Address: 222 S WESTMONTE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete  
Name: KING, MICHAEL  
Address: 222 S WESTMONTE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPVS (X) Change ( ) Addition  
Name: KING, MICHAEL  
Address: 841 EAGLE CLAW CT  
City-St-Zip: LAKE MARY, FL 32746

Title: T (X) Change ( ) Addition  
Name: KING, MICHAEL  
Address: 841 EAGLE CLAW CT  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL W KING

Electronic Signature of Signing Officer or Director

DPVS

12/18/2007

Date