

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000076594

1. Entity Name  
K C BROTHERS, INC



Principal Place of Business  
805 PARKWAY PLAZA BLVD  
SUITE F  
KISSIMMEE, FL 34744 US

Mailing Address  
805 PARKWAY PLAZA BLVD  
SUITE F  
KISSIMMEE, FL 34744 US

2. Principal Place of Business - No P.O. Box #  
2395 HICKORY TREE ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
2395 HICKORY TREE RD  
Suite, Apt. #, etc.

City & State

ST. CLOUD FL

Zip

34772

Country

USA

City & State

ST. CLOUD FL

Zip

34772

Country

USA

4. FEI Number

20-5257152

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADRON, KORI  
805 PARKWAY PLAZA BLVD  
SUITE F  
KISSIMMEE, FL 34744

Name  
ROBERTO PADRON

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

2395 HICKORY TREE RD

City

ST. CLOUD

FL

Zip Code

34772

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature \_\_\_\_\_ of registered name or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/13/08

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

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

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME PADRON, KORI  
STREET ADDRESS 805 PARKWAY PLAZA BLVD SUITE F  
CITY-ST-ZIP KISSIMMEE, FL 34744

Delete

TITLE OO  
NAME PADRON, ROBERTO  
STREET ADDRESS 805 PARKWAY PLAZA BLVD SUITE F  
CITY-ST-ZIP KISSIMMEE, FL 34744

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/08

Date

Daytime Phone #

FILED

08 OCT 17 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
(0132008) 2008

WOP