

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000076594

1. Entity Name
K C BROTHERS, INC



FILED

08 OCT 17 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



REINSTATEMENT 2008
101320081017REINP CR2E098 (1/07)

City & State
ST. CLOUD FL
Zip
34772
Country
USA

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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

7. Name and Address of New 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 the current 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400137018064
10/17/08--01037--003 **150.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PADRON, ROBERTO
2395 HICKORY TREE RD
ST. CLOUD FL 34772 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 NAME OF SIGNING OFFICER OR DIRECTOR

10/13/08

Date

Daytime Phone #