

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000063904

1. Corporation Name

KKort, Inc DBA True Colors

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

1281 Old Dixie Highway

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

SAME

Zip

32960

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Courtney Turner

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

1281 Old Dixie Highway

Suite, Apt. #, Etc.

Vero Beach FL 32960

City

State
FL

Zip Code

32960

4. Date Incorporated or Qualified
To Do Business in Florida

May, 2007

5. FEI Number

68 065 0773

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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

Courtney Turner

REGISTERED AGENT MUST SIGN

Date 12-1-9

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
CEO, President, Secretary,	Courtney Turner	816 Banyan rd.	Vero Beach FL 32963

10. E-mail Address: KKORTINC@yahoo.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

Courtney Turner

12-1-9 772 569-4247

FILED

09 DEC 10 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

CR2E081 (11/09)

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