

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2017 APR 13 PM 2:52

DOCUMENT # P08000047496

1. Corporation Name

K & K TRANSPORT INC.

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

6 SOUTH PARKER AVE

Suite, Apt. #, etc.

SUITE B

City & State

ARCADIA FL

34266

Country

LEE COUNTY

3. Additional Office Address

6 SOUTH PARKER AVE

Suite, Apt. #, etc.

SUITE B

City & State

ARCADIA FL

34266

Country

LEE COUNTY

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
05/12/2008

5. FEI Number

32-0247730

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

VELANDO, YANDY

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

2212 NW 7 PL

Suite, Apt. #, etc.

City

CAPE CORAL

State

FL

Zip Code

33993

300237980603
04/13/17--01022--022 **1350.00

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
P	YANDY VELANDO	2212 NW 7 PL	CAPE CORAL
			V HERRING
			APR 20 2017

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Yandy Velando

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2017 803-909-9673

Date

Daytime Phone