PLEASE READ ALL INSTR	RUCTIONS BEFORE C	FILED
REINSTATEMENT Se	EPARTMENT OF STATE ECRETARY OF State ON OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATION: 2017 APR 14 PM 2: 46
DOCUMENT # PO90600 - 1. Corporation Name K4 INVESTMENTS		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 4 Court DQ . Suite Apt. #, etc. Suite, Apt. #, etc.	ce Address	- CR2E081 (11/10)
City & State ORLANDO, FI. ORLA Zip Country 32835 ORANGE 3283	TWDO FC. Country BS DRAW GE	Date Incorporated or Qualified To Do Business in Florida Applied For Not Applicable CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name ANT HOWY KOSTANT IN I Street Address (P.O. Box Number is Not Acceptable) 6 705 FA (RWAY LOU Suite. Apt. W, Etc. City ORLANDO	214	800298018878 04/14/1701031017 **1200,00
8. I, being appointed the registered agent of the above named corporate Signature of Registered Agent REGISTERED AGEN	les'	Date 4 - 11 - 20 17
Names and Street Addresses of Each Officer and/or Director (Florid	•	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P ANTHOWY KOSTANTINIS	513 6705 FAI	EWAY LUVE DR. DRLAW DO FL 383
UP JOANNE KOUTANTINIOIS	6705 FAIRWA	PWAY LUVE DR. DRLAW OD FL 383 Y LDB DR. DRL. FL. 32835
		V HERRING APR 2 0 2017
10. E-mail Address: TONY,	Co be used for future annual month	

SIGNATURE:

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