

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 APR 10 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P21000077060**

1. Corporation Name

NKC HOLDING GROUP INC

2. Principal Office Address - No P.O. Box #
777 NW 72ND AVE

3. Mailing Office Address

Suite, Apt. #, etc.
3159

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip Country
33126 US

Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
87-2433681

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 **Itzel Oliva**

Street Address (P.O. Box Number is Not Acceptable)
18081 Biscayne Blvd

Suite, Apt. #, Etc.

City State Zip Code
Aventura FL 33160

300427536703
04/10/24 --01005--001 **750.00

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 **Itzel Oliva**

Date **02-13-2024**

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
	Itzel Oliva	18081 Biscayne Blvd.	Aventura Fl. 33160
			•L. BROWN•

10. E-mail Address: **INFOHNDOCU@GMAIL.COM**

APR 23 2024

(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:

02-13-2024

SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #