

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1996

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000013000**

1. Corporation Name

K AND P ENTERPRISES, INC.

FILED

96 DEC 13 PM 12: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1581 AURORA ROAD
MELBOURNE FL 32935
US

Mailing Address

1581 AURORA RD.
MELBOURNE FL 32935
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3152338

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
F	GERALDINE R. LASTER <i>Keith Johnstone</i>	2362 CARIBBEAN ISLE <i>1581 Aurora Rd</i>	MELBOURNE FL
D	DAVID L. LASTER	1581 AURORA RD.	MELBOURNE FL
T	JOHN W. LASTER	1581 AURORA RD.	MELBOURNE FL
V	CYNTHIA McDONOUGH <i>Pamela Johnstone</i>	420 ST. LUCIA COURT <i>1581 Aurora Rd</i>	SATELLITE BEACH FL <i>Melbourne, FL</i>

30000203007-4
-12/17/96--0024/013
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID L. LASTER
1581 AURORA RD.
SUITE 400
MELBOURNE FL 32935

Name

Keith Johnstone

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

1581 Aurora Rd

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

9-17-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-96

Date

Daytime Phone #

407-253-4449