

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 MAY 28 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000051284**

1. Corporation Name

KIA ROSE, INC.

Principal Place of Business

Mailing Address

**500 S. Eola Drive
Orlando, FL 32801**

REINSTATEMENT 96-97

A. Alan
5/28/97

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/21/93

Suite, Apt. #, etc.

500 S. Eola Dr.

Suite, Apt. #, etc.

500 S. Eola Dr

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

5. FEI Number

59-3192552

Applied For

Not Applicable

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
P	Denise I. Assersohn	500 S. Eola Dr.	Orlando, FL 32801
VP	Rose BiFulCo	229 Franklin Avenue	Malvern, NY 11565

500002196105-2
-05/30/97-01058-007
*****\$15.00 ***\$15.00**

8. Name and Address of Current Registered Agent

**Denise I. Assersohn
500 S. Eola Drive
Orlando, FL 32801**

9. Name and Address of New Registered Agent

Name

Denise I. Assersohn

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

500 S. Eola Drive

Suite, Apt. #, Etc.

City

Orlando,

State

FL

Zip Code

32801

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

Denise I. Assersohn
REGISTERED AGENT MUST SIGN

Date **5/27/97**

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:

Denise I. Assersohn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/97

Date

407-397-7300

Daytime Phone #

CR2E040 (12/96)