HLEASE HEAD	ALL INST	HUCTIONS	BEFORE C	OMPLETI	NG THIS FO	PRM.	
APPLICATION	FLORIDA	DEPARTMEN Katherine Ha					
FOR	ļ	Secretary of S	<b>L</b> ate				
REINSTATEMENT 202000	0/97	VISION OF CORPOR	RATIONS		Fra L		
DOCUMENT # P93000068269  1. Corporation Name KFK ENTER PRISES INC					99 007 10	) AM O. 25	
KFK ENTENDED IN				99 OCT 19 AM 9: 35			
				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 3079 G COMM ERCLAL Blod							
FORT LAND FIA				Į.		-2-00	
33308			1	RFINS	TATEME	NT97-94	
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable		formation and enter ong Office Address, If	DOTTOGROTT DETOTT.		orated or Qualified		
TRANS BUNZIL	Suite Ant. #, etc.			To Do Business in Florida 9-20.95			
City & State	SSIAIC STATE City & State			5. FEI Number 65-0435664			
FT LAUD FIAT	Zip	Country	,	6. CERTIFICATE	OF STATUS DESIRED	Not Applicable  S8 75 Additional Fee require for a Certificate of Status	
7. Names and Street Addresses of Each Officer and	or Director (Flor	ida nonprofit corpora	tions must list at lea	st 3 directors)		· ·	
Name of Officers and/or Directors			eet Address of Each icer and/or Director se Post Office Box N		4	City / State / Zip	
a 122 C CAMMA					NO FT	AUD FIA	
			33 AUG		FORT LAUD	3308 P114	
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8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
TBAUS BUNZIA TA				· · · · · · · · · · · · · · · · · · ·			
5580 Nr 33 MC 5580				NE 33 AUG- 18			
FT LAUD F/A Suite, 33308 Site,			City	HOME			
10. I, being appointed the registered agent of the above named corporation, am familiar with and acceptable.				UERNH/E   FL   83308			
Signature of Tight	unk					13-99	
Registered Agent RE		ENT MUST SIGN			Date 7.5		
<ol> <li>This corporation owes the Intangible Personal Proper</li> </ol>			Yes	□ No Œ		ther side for information on intangible tax.)	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso							
owed by the corporation have been paid and the r on this application is true and accurate, and my sig	ames of individu	uals listed on this for	m do not qualify for a	an exemption und		), F.S. The information indicated	
1011	T			0	_	(954)	
SIGNATURE: SIGNATURE AND TYPES OF PRI	TBANK	NUNCIE IGNING OFFICER OR F	VICE P	RESIDER	UT 10-13	0-44 35 1- 4 960 Daylime Phone #	