

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000087198**

1. Corporation Name

KRR REALTY, INC.

Principal Place of Business

**3450 W. BUSCH BOULEVARD
SUITE 195
TAMPA FL 33618**

Mailing Address

**3450 W. BUSCH BOULEVARD
SUITE 195
TAMPA FL 33618**

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

2. New Principal Office Address, if Applicable

3450 BUSCHWOOD PARK DR.

Suite, Apt. #, etc.

SUITE #195

City & State

TAMPA, FL

Zip

33618

Country

USA

3. New Mailing Office Address, if Applicable

3450 BUSCHWOOD PARK DR.

Suite, Apt. #, etc.

SUITE #195

City & State

TAMPA, FL

Zip

33618

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1993

5. FEI Number

59-3218849

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	4 City / State / Zip
D	VALENTI, DARRELL J	3450 W. BUSCH BLVD., SUITE 195	TAMPA FL 33618
D	NESBITT, STEVEN M	3450 W BUSCH BLVD STE 195	TAMPA FL

300003029683--1
-10/29/99--01084--016
****750.00 ****750.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**NESBITT, STEVEN M
3450 W. BUSCH BOULEVARD
SUITE 195
TAMPA FL 33618**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Steven M. Nesbitt
REGISTERED AGENT MUST SIGN

Date

10/20/99

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., 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:

Steven M. Nesbitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/99 813-935-8777
Daytime Phone #

CR22040 (8/99)