

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
**REINSTATEMENT**

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

FILED

01 OCT 29 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000008261**

1. Corporation Name

**KIKO CONCEPTS, INC.**

Principal Place of Business

Mailing Address

6285-3 BAY CLUB DR  
FT. LAUDERDALE FL 33308  
US

6285-3 BAY CLUB DRIVE  
FT. LAUDERDALE FL 33308  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/1994

5. FEI Number

65-0460160

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
DPST	HOFFMAN, LINDA S	6285-3 BAY CLUB DRIVE	FT. LAUDERDALE FL

100004695071--2

-11/27/01--01049--001

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLACKE, LAWRENCE E  
3400 NE 34TH ST.  
FT. LAUDERDALE FL 33308

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

*Linda S. Hoffman*  
REGISTERED AGENT MUST SIGN

Date

10/20/01

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:

*Linda S. Hoffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01

Date

954-771-0208

Daytime Phone #

October 24, 2001

Ms. Katherine Harris

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FET # 65-0460160

Dear Ms. Harris:

I have been living in Aspen, Colorado for the past 9 months & I have had all my mail forwarded to me from my Ft. Lauderdale address.

This is the 15<sup>th</sup> <sup>only</sup> notification I received to file & register with the state.

Please accept the enclosed \$150.<sup>00</sup> for my filing fee. If you look back over my records you will see that for the last 8 years I have always paid my fees on time & would never neglect a filing.

Thanking you in advance for your cooperation.

Linda S. Hoffman  
President