

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 26 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000035519**

1 Corporation Name

KEVIN'S KLASSIC KREATIONS, INC.

Principal Place of Business

Mailing Address

6930 CONGRESS AVE
LANTANA FL 33462

6930 CONGRESS AVE
LANTANA FL 33462



REINSTATEMENT

9600

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/05/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0490221	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☐	

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
PRE	MCCLUSKEY, KEVIN H	6930 CONGRESS AVE	LANTANA FL
VPRE	MCCLUSKEY, FRANCES K	6930 CONGRESS AVE	LANTANA FL

60000204 1106--6
-12/30/96--01041--006
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCLUSKEY, KEVIN H
6930 CONGRESS AVE
LANTANA FL 33462

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

Kevin H McCluskey
REGISTERED AGENT MUST SIGN

Date 12/23/96

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: *Kevin H McCluskey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/23/96
Daytime Phone #