

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB 24 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061871

**1. Corporation Name**

KRO, INCORPORATED

**2. Principal Office Address**

4928 Balsam Drive

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

Zip

34639

Country

Pasco

**3. Mailing Office Address**

4928 Balsam Drive

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

Zip

34639

Country

Pasco

**REINSTATEMENT B-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida** 08/23/1994

**5. FEI Number**  
59-3267818

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Kenneth R. Ovarlet

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

4928 Balsam Drive

Suite, Apt. #, Etc.

City

Land O' Lakes

State  
**FL**

Zip Code  
34639

900029308179  
02/24/04--01039--018 \*\*301.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Kenneth R. Ovarlet*

REGISTERED AGENT MUST SIGN

Date 02/19/2004

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Kenneth R. Ovarlet	4928 Balsam Drive	Land O' Lakes, FL 34639

**10. 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:**

*Kenneth R. Ovarlet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/19/2004

Daytime Phone #

(813) 390-6928

CR2081 (01/04)

## Ground Effects Landscaping

---

• Landscape Design & Installation • Complete Landscape Maintenance • Sprinkler Systems Designed and Installed

February 19, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**RE: Corporation Reinstatement; KRO, INC.  
Request For Waiver**

To Whom It May Concern:

Corporation Reinstatement form/application is being transmitted herewith along with our check in the amount of \$300.00 for 2003 and 2004, for reinstatement of the above captioned corporation.

We did not receive the Annual Report form in 2003 or 2004 because of an address data entry error when we filed our 2002 annual report form. The address currently on your records is 4928 Bassandez, Land O' Lakes, FL 34639. The preceding, underlined street name, is obviously a data entry error; all other information is correct on the record. .

Please be advised that an address correction was made on the state annual report form in 2002, to correct the mailing address from 15723 Scrimshaw Drive, Tampa, FL to the following which is the correct address that should be reflected on your records:

**4928 Balsam Drive  
Land O' Lakes, FL 34639**

If you have any questions, please contact the undersigned at (813) 994-3400, or at (813) 390-6928.

Sincerely,  
**KRO, INCORPORATED**



Kenneth R. Ovarlet  
President

KRO/jb  
Enclosure: Application For Corporation Reinstatement