

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

03 SEP 24 AM 9 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000063423**

1. Corporation Name

KAC Enterprises, Inc.

2. Principal Office Address

5022 20th Avenue S

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33619

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/24/94

5. FEI Number

59-3264047

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

Keith A. Knecht

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

5022 20th Avenue S

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code  
33619

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

*Keith A. Knecht*

REGISTERED AGENT MUST SIGN

Date *9/24/03*

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
D	Knecht, Keith A	4901 San Nicholas St	Tampa, FL 33629
D	Adams, Jeffrey A	4603 Poinsetta Avenue	Temple Terrace, FL 33617
D	Cline, John	8009 Riverwood Estate Place	Riverview, FL 33569

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)(j), 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

*Keith A. Knecht*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/03

Date

813-242-4669

Daytime Phone #

CR2001 (1/002)

✓

THIS LETTER IS TO INFORM YOU THAT I RECEIVED MY UBR FORM AFTER THE MAY 1 DEADLINE AND AS PER YOUR INSTRUCTIONS I HAVE ENCLOSED THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

*J. Cline*  
JOHN CLINE  
PRESIDENT