

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY -6 AM 8:00

DOCUMENT # P94000063683

**1. Corporation Name**

KR Holdings, Inc

**2. Principal Office Address**

2500 E. Hallandale Blvd

Suite, Apt. #, etc.

N

City & State

Hallandale, FL

Zip

33009

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03-04  
MRD

100035718811  
05/06/04--01064--025 \*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/25/94

**5. FEI Number**

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

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

Name

Moshe Yalon

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

2500 E. Hallandale Blvd

Suite, Apt. #, Etc.

N

City

Hallandale, FL

State

FL

Zip Code

33009

4/15/04 01056 007 \*155.00

**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

Date

4/28/04

REGISTERED AGENT MUST SIGN

**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
Dir	moshe Yalon	2500 E. Hallandale Blvd	Hallandale, FL 33009
Dir	Varda Rosenfeld Yalon	2500 E. Hallandale Blvd	Hallandale, FL 33009

**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:**

Moshe Yalon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/04

Daytime Phone #

954 457 7445

KR HOLDINGS, INC.  
2500 E HALLANDALE BLVD  
N  
HALLANDALE, FL 33009

SUBJECT: KR HOLDINGS, INC.  
Ref. Number: P94000063683

4/28/04

2082

Reinstatement - Waiver Request.

We did not receive the annual  
report for 2004 and 2003.

Therefore please waive me late fees.

I have sent \$155.00 and am  
adding \$150.00.

Thank for your consideration.

m. yalon

954-457-7445