

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 8:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000058576

1. Corporation Name

K & S INSTALLATIONS, INC.

Principal Place of Business

Mailing Address

744 BARNETT DR
#3
LAKE WORTH FL 33461
US

744 BARNETT DR
#3
LAKE WORTH FL 33461
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

07/26/1995

5. FEI Number

65-0596015

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
D	SORBER, LINDA L	12970 51ST CT N	ROYAL PALM BCH FL
D	SORBER, JAMES J	12970 51ST CT N	ROYAL PALM BCH FL

100023955971
10/20/03--01050--022 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent-

SORBER, LINDA L
12970 51ST CT N
ROYAL PALM BCH FL 33411

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. or 617.0505, F.S.

Signature of
Registered Agent

Linda L. Sorber
REGISTERED AGENT MUST SIGN

Date

10/15/03

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 L. Sorber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

561-547-0702

CR2E040 (7/03)



K&S INSTALLATIONS, INC.

744 BARNETT DRIVE #3
LAKE WORTH, FL 33461

October 14, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: P95000058576

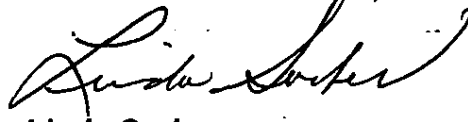
Dear Sir:

Included with this letter is our completed Application For Reinstatement. I have included our fee of \$ 150.00. I am requesting the reduced fee as I did not receive the prior notices that would have informed me of the UBR filing. To say I was shocked to receive a Notice of Dissolution would be an understatement.

Kindly reinstate our company as soon as possible. Should you need to reach me please call me at: 561-547-0702.

Thank you for your assistance with this situation.

Yours truly,
K & S INSTALLATIONS, INC.



Linda Sorber

enc. Application for Reinstatement, check and letter