

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066632

1. Corporation Name

K & B ENTERPRISES, INC.

REINSTATEMENT

FILED
12 MAR 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #

13001 BELCHER ROAD

3. Mailing Office Address

911 WYNGATE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL.

City & State

SAFETY HARBOR, FL.

Zip

33773

Country

PINELLAS

Zip

234695

Country

PINELLAS

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3331609

☐ 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

BYRD, BOBBY D.

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

911 WYNGATE CT.

Suite, Apt. #, Etc

City

SAFETY HARBOR

State

FL

Zip Code

34695

000223962530
03/06/12--01029--027 **1050.00

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

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
D	BYRD, KATHLEEN T.	911 WYNGATE CT.	SAFETY HARBOR, FL. 34695
D	BYRD, BOBBY D.	911 WYNGATE CT.	SAFETY HARBOR, FL. 34695

10. E-mail Address: NONE

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Bobby D. Byrd

BOBBY D. BYRD

FEB. 9, 2012 727 536 9860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #