OCT. -03' 02 (THU) 05:14 CSC TALL
Oct 04 02 04:55a Kevin Crowley

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02 OCT -3 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070914

REINSTATEMENT 01-02

1. Entity Name
K.C. Builders Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11545 68 St North	11545 68 ST North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach FL	City & State: West Palm Beach FL
Zip: 33412 Country: USA	Zip: 33412 Country: USA

4. FEI Number: 650610016 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kevin M Crowley

Street Address (P.O. Box Number is Not Acceptable): 11545 68 ST North

City: West Palm Beach Zip Code: 33412

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) X

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Kevin M. Crowley 11545 68th ST. North West Palm Beach FL 33412
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CR2E034B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

Kevin M Crowley — Kevin M Crowley — 10-3-02 — 561-644-3169
SIGNATURE AND TYPED OR PRINTED NAME OF ASSOCIATED OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

ELSUBMIT
Please give original
effective date as file date

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000207729 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

K.C. BUILDERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	$900.00