1052

* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				DEPAR' Secretar SION OF C	y of S				FILED 2000 APR - 1 AM 9: 2			
DOCUMENT #295000070914									SECRE WARY OF STATE TALLAHASSEE, FLORIDA				
K. C. Builders Inc.										IALLAMAGGE			
	Office Addre		3. Mailing C	3. Mailing Office Address				REINSTATEMENT					
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				_ _ 4	Date Incorp	orated or Qualified				
City & State			_City & State	_City & State				To Do Business in Floridacept / 4, 1995					
	lm Beach						_ ~	5. FEI Number Applied For Not Applicable					
^{Zip} 33412	Country USA		Zip		Coun	try	6		OF STATUS DESIRED \$8.75 Additional for a Certification				
7. Name and Address of Current Registered Agent										"			
Name Kevin M Crowley									The reinstatement fee is imposed, except in				
Street Address (P.O. Box Number is Not Acceptable) 11545 68 th St. North									circumstances which the entity did not receive the prior notices. By checking this box, you				
11545 68 th St. North Suite, Apt. #, Etc.									are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
City West Palm Beach						State Zip Code FL 33412			tee be	waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligate Signature of Registered Agent REGISTERED AGENT MUST SIGN										igations of section 607.0505 or 617.0503, F.S. Date 3/2)/08			
9. Names	and Street Ac	idrespes	of Each Officer	ind/or Director (Fic	orida nonpro	ofit corp	orations must list at	t least :	3 directors)				
Titles		rs	Street Address of Eacl Officer and/or Directo				City / State / Zip						
D	Kevin M	Crowle	өу		11545 68 th St. North				West Palm Beach FI 33412		:		
				<u></u>									
									200121781152 04/01/0801017011 **600.00				
									<u>U47U1</u>	/U8UIUI(UII **50	ນບ.ບບ		
10. I certify that I am an officer or director or the receiver or trustae 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 satisfactor of section 607.0401 or 617.0401, F.S., that ell fees owed by the corporation have been paid and the names of individuals itsed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall/reve the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PROTECTION DIRECTOR Daytime Phone #													

K. C. Builders Inc CGC 05851 11545 68th Street North West Palm Beach, Fl 33412 561-644-3169

Date 3/27/08

To whom it may concern.

- Please be advised That I have not recieved

Any notices por Renewal.

Thank you

Keun M Crowley