



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 DEC -8 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000093383

1. Corporation Name

MR. K. INTERNATIONAL, INC.

2. Principal Office Address

9264 VISTA DEL LAGO

Suite, Apt. #, etc.

#24B

City & State

BOCA RATON FL

Zip

33428

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

600062020186  
12/08/05--01/05/06  
REINSTATEMENT  
CR2E081 (8/05) \*\*2100.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/1995

5. FEI Number

65-0634652

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

SIDNEY KUTLER

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

9264 VISTA DEL LAGO

Suite, Apt. #, Etc.

#24B

City

BOCA RATON

State

FL

Zip Code

33428

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

*Sidney Kutler*

REGISTERED AGENT MUST SIGN

Date *12/6/05*

**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
P, S, D	SIDNEY KUTLER	9264 VISTA DEL LAGO #24B	BOCA RATON, FL 33428

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: *Sidney Kutler*

SIDNEY KUTLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/15/05*

Date

561-477-1784

Daytime Phone #