

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000031670**

1. Corporation Name

BK KENILWORTH, INC.

Principal Place of Business

Mailing Address

10205 COLLINS AVE. UNIT 1001
BAL HARBOUR FL 33154

10205 COLLINS AVE. UNIT 1001
BAL HARBOUR FL 33154



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

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0661121

Applied For
Not Applied

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	KERTZER, BERNICE	10205 COLLINS AVE, UNIT 1001	BAL HARBOUR FL 33154

900003082489--
-12/29/99--01011--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GANGUZZA, JOSEPH.H.
HYMAN & KAPLAN, P.A.
44 W FLAGLER ST, 14TH FL
MIAMI FL 33130

Name

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

150 W. Flagler St. Suite 2701

Suite, Apt. #, Etc.

City

State
FL

Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Joseph H. Ganguzza

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/30/99

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:

Benita
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov-30/99

Daytime Phone #

305 861 961