

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Oct 01 1997 8:00 am  
Secretary of State

DOCUMENT # PA6000045911

1. Corporation Name

KTC Corporation

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12769 W. Forest Hill Blvd.

Suite, Apt. #, etc.

Suite E

City & State

Wellington, FL

Zip

33414

Country

US

3. New Mailing Office Address, If Applicable

12769 W. Forest Hill Blvd.

Suite, Apt. #, etc.

Suite E

City & State

Wellington, FL

Zip

33414

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

05/30/96

5. FEI Number

65-0684618

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Luther McDonald	12769 W. Forest Hill Blvd., E	Wellington, FL 33414
S/D	Hilda M. Porro	12769 W. Forest Hill Blvd., E	Wellington, FL 33414
			600002310446--0 -10/02/97--01110--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Hilda M. Porro

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

12769 W. Forest Hill Blvd.

Suite, Apt. #, Etc.

Suite E

City

Wellington,

State

FL

Zip Code

33414

10. 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

Hilda M. Porro

REGISTERED AGENT MUST SIGN

Date 9/30/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(b), 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:

Hilda M. Porro

9/30/97

561-798-3994