

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

98 JAN 15 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000 85339**

1. Corporation Name

K & W Group, Inc.

Principal Place of Business

Mailing Address

**3850 Washington St. #707
Hollywood, FL 33021**

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

000002405390--9

-01/21/98--01014--019

****908.75 ****908.75

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0699737

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
(P)(C) President	Reggy Bates	3850 Washington St #707	Hollywood FL 33021
(V)(D) Vice President	Lewis C. Graham	3850 Washington St #707	Hollywood, FL 33021

REINSTATEMENT 97-98

SL 1-16-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Amerilawyer Chartered
343 Almeria Ave
Coral Gables, FL 33134**

Name

Lewis C. Graham

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

3850 Washington St #707

Suite, Apt. #, Etc.

#707

City

Hollywood

State

FL

Zip Code

33021

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

Reggy Bates

REGISTERED AGENT MUST SIGN

Date

1/13/97

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reggy Bates PRESIDENT

Date

Daytime Phone #

954 9678711

CP20040 (12/96)