

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 JAN 26 PM 2:04

DOCUMENT # P96000104015

1. Corporation Name
K & D Properties, INC.

100401472241
01/26/23--01019--009 ***1350.00

2. Principal Office Address - No P.O. Box #
228 S. Waverly Rd

3. Mailing Office Address
228 S. Waverly Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lansing, MI

City & State
Lansing, MI

Zip Country
48917 USA

Zip Country
48917 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 1/1/1997

5. FEI Number 65-0760098 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 Jon A. Hinden, Esquire

Street Address (P.O. Box Number is Not Acceptable)
Hinden, McLean & Arbeiter, PA 4430 SW 64 Ave

Suite, Apt. #, Etc.

City
Davie

State Zip Code
FL 33314

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 _____
REGISTERED AGENT MUST SIGN

Date 1/25/2023

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
PSD	George W. Danford, Jr.	228 S. Waverly Rd	Lansing, MI 48917

10. E-mail Address: jhinden@lawhma.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2023

Date Daytime Phone #