

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000038279

1. Corporation Name

KING OF CLUBS EAST, INC.

2. Principal Office Address - No P.O. Box #

7900 Nova Drive

Suite, Apt. #, etc.

Suite 101

City & State

Davie, Florida

Zip

33324

Country

USA

3. Mailing Office Address

7900 Nova Drive

Suite, Apt. #, etc.

Suite 101

City & State

Davie, Florida

Zip

33324

Country

USA

7. Name and Address of Current Registered Agent

Name

RICARDO HOWARD

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

7900 Nova Drive

Suite, Apt. #, Etc.

Suite 101

City

Davie

State

FL

Zip Code

33324

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

Ricardo Howard
REGISTERED AGENT MUST SIGN

Date 05/11/2010

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
PST	Ricardo Howard	7900 Nova Drive, Suite 101	Davie, FL 33324

10. E-mail Address: *kings@gate.net*

(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., 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.

SIGNATURE:

Ricardo Howard

RICARDO HOWARD

05/11/2010

(954) 914-0583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAY 20 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100181143131

05/20/10--01028--017 **450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1997

5. FEI Number

65-0757284

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

5/11/10