

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF REINSTATEMENT
98A2
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

98 DEC 7 AM 10:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000045615**

1. Corporation Name

K.C.I. ORIGINAL INC.

Principal Place of Business

Mailing Address

193 WEST FROSTPROOD BAPTIST CHURCH ROAD
 FROSTPROOF FL 33843

193 WEST FROSTPROOD BAPTIST CHURCH ROAD
 FROSTPROOF FL 33843



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. BOX 513
Frostproof, FL
33843 USA

4. Date Incorporated or Qualified To Do Business in Florida

05/21/1997

5. FEI Number

59-3448152

Applied For

Not Applicable

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
D	ELYAMAN, ADNAN	P.O. BOX 513 N/A	FROSTPROOF FL 33843
D	ELYAMAN, ALICE	P.O. BOX 513 N/A	FROSTPROOF FL 33843

700002710277-4
-12/11/98-01068-027
******608.75 ****608.75**

12/12/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELYAMAN, ADNAN
193 WEST FROSTPROOD BAPTIST CHURCH ROAD
FROSTPROOF FL 33843

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

ALICE ELYAMAN
REGISTERED AGENT MUST SIGN

Date **12-2-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(f), 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:

ALICE ELYAMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-98
 Date

9416352303
 Daytime Phone #

CR2E040 (9/95)