

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P97000103578

1. Corporation Name

K-Force, Inc.

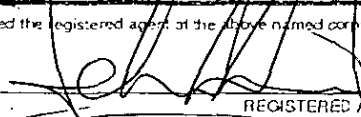
2. Principal Office Address 881 Ocean Drive		3. Mailing Office Address 881 Ocean Drive	
State, Apt. #, etc. TH27		State, Apt. #, etc. TH27	
City & State Key Biscayne, Florida		City & State Key Biscayne, Florida	
Zip 33149	Country USA	Zip 33149	Country USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida	12/9/97
5. FEI Number	Applied For ☒ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒	

7. Name and Address of Current Registered Agent	
Name John Kirby	
Street Address (P.O. Box Number is Not Acceptable) 881 Ocean Drive	
State, Apt. #, Etc. TH27	
City Key Biscayne	State FL
Zip Code 33149	

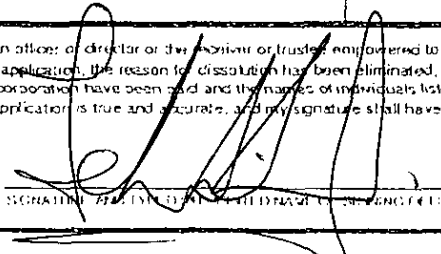
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***1058.75 ***1058.75

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 	Date 11-8-00
REGISTERED AGENT MUST SIGN	

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
P	John Kirby	881 Ocean Dr., TH27	Key Biscayne, FL 33149
S	John Kirby	881 Ocean Dr., TH27	Key Biscayne, FL 33149
D	John Kirby	881 Ocean Dr., TH27	Key Biscayne, FL 33149

10. I certify that I am an officer or director or the owner 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:



11-8-00

305-361-3444

Date

Corporate Name #