

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 26 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000846

1. Corporation Name

K2 Services Inc.

100003533911--7
-01/11/01--01108--024
***150.00 ***150.00

2. Principal Office Address

1200 E. Altamonte Dr.

Suite, Apt. #, etc.

Suite 1030.

City & State

Altamonte springs FL.

Zip

Country

32701

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/2/98

SP

5. FEI Number

59-3485627

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

Mohammad Bashir

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

1200 E. Altamonte Dr.

Suite, Apt. #, Etc.

Suite 1030

City

Altamonte springs

State

FL

Zip Code

32701

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

E. Kashir Mohammad Bashir

Date 12-18-00

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
President	Mohammad Bashir	1200 E. Altamonte Dr. #1030 Altamonte springs FL 32701	
V-President	Chang Ai Cheng	"	

10. 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:

E. Kashir Mohammad Bashir

12-18-00 407.831-1218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)