

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007740

1. Corporation Name

KIPCO INTERNATIONAL, INC.

Principal Place of Business

POST OFFICE BOX 187
AUBURNDALE FL 33823

Mailing Address

POST OFFICE BOX 187
AUBURNDALE FL 33823

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 505 316W CENTRAL AVE

Suite, Apt. #, etc.

City & State

WINTER HAVEN

City & State

Zip

33880

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1998

5. FEI Number

59-3492019

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COLE, CHRISTOPHER B	2230 20TH STREET, NW	WINTER HAVEN FL
D	SQUIRES-COLE, DIANE S	2230 20TH STREET, NW	WINTER HAVEN FL
			8000003472268-8 -11/21/00--01033--002 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

COLE, CHRISTOPHER B
131 3RD STREET, SW
SUITE 215
WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

Name

COLE Christopher B

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

316 WEST CENTRAL AVE

Suite, Apt. #, Etc.

505

City

WINTER HAVEN

State

FL

Zip Code

33880

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

[Signature of Christopher B. Cole]

REGISTERED AGENT MUST SIGN

Date 27 OCT 2000

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER B. COLE

Date

Daytime Phone #