

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P98000043292**

1. Corporation Name

K-RON CONSTRUCTION, INC.

Principal Place of Business
1722 Montee Lane
 800 COUNTY RD. 540A #28
 LAKELAND FL 33813-33811

Mailing Address
P.O. Box 5108
 800 COUNTY RD. 540A #28
 LAKELAND FL 33813

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1722 Montee Lane
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. Box 5108
 Suite, Apt. #, etc.

City & State
Lakeland, FL
 Zip **33811** Country **USA**

City & State
Lakeland, FL
 Zip **33807-5108** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
05/13/1998

5. FEI Number
59-3513639

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	City / State / Zip
PSTD	HINKLEY, RONALD L JR	800 COUNTY RD. 540A #28 1722 Montee Lane	LAKELAND FL 33813 33811
			000004719930--2 -12/12/01--01012--021 ****750.00 ****750.00
			LS 000004719930--2 -12/12/01--01012--022 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

HINKLEY, RONALD L JR
800 COUNTY RD. 540A #28 1722 Montee Lane
LAKELAND FL 33813 33811

9. Name and Address of New Registered Agent

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **09-15-01**

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **09-15-01**

Daytime Phone #

FILED

01 NOV 28 PM 12:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CR26040 (8/01)