

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mosley  
Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P98000057271

1. Corporation Name

K - H INVESTMENT GROUP INC

Principal Place of Business

715 5TH ST  
MIAMI BEACH, FL  
33139

Mailing Address

715 5TH ST  
MIAMI BEACH, FL  
33139

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

4. Date Incorporated or Qualified  
To Do Business in Florida

6/25/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650848702

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	HORST ORTNER	715 5TH ST	MIAMI BEACH, FL 33139
VPDS	DANIEL ROUSSEAU	715 5TH ST	MIAMI BEACH, FL 33139
TC			

300003454363

-11/07/00-01007--020

\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

DANIEL G GASS  
10001 NW 50TH STREET STE 204  
SUNRISE, FL 33351

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

*[Signature]*

Date 6/21/2000

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

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)(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]*

HORST ORTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/00

Date

954 9839394

Daytime Phone #

ALAN N. RAZLA, PA

(954) 983 - 9394 Broward  
(954) 292 - 9246 Broward  
(954) 983 - 6799 Fax

**Florida Office**

Alan N. Razla, PA  
Tax Advisor  
3218 Stirling Road  
Hollywood, FL 33021

Email: [wwwcpa@netzero.com](mailto:wwwcpa@netzero.com)

NHSCPA Member  
AICPA Member

**New Hamp. Office**

Alan N. Razla, PA  
Certified Public Account  
26 South Main Street Suite  
Concord, NH 03301

B"H

21-AUG-2000

FI Div of Corporation  
PO BOX 6327  
Tallahassee, FL 32314

Attn.: Annual Reports section RE: reinstatement  
Doc no. P98000057271  
K - H INVESTMENT GROUP INC.

Dear Sir or Madam:

Enclosed is an application for reinstatement for K H investment group. Please be advised that my client, their attorney or our office did not receive their annual report (pre-printed form). This form was recreated by our office. We ask you to please accept the \$300 check for the 2000 and 1999 annual report and waive all penalties that resulted from this confusion.

I thank you in advance.

Sincerely,

Alan N. Razla  
Alan N. Razla, PA