

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

02 MAR 21 PM 2:39

DOCUMENT # P98000080302

1. Corporation Name

4K INC

2. Principal Office Address

8631 SAND LAKE SHORES DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32836

Country

3. Mailing Office Address

PO BOX 1974

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786-1974

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3530810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200005193622--5
-04/05/02--01006--022
****300.00 ****300.00

7. Name and Address of Current Registered Agent

Name

JUDITH A KAGEL

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

8631 SAND LAKE SHORES DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

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

[Signature]

Date MAR 18, 2002

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	<u>CHET J KAGEL</u>	<u>8631 SAND LAKE SHORES DR</u>	<u>ORLANDO, FL 32836</u>
S,T	<u>JUDITH A KAGEL</u>	<u>8631 SAND LAKE SHORES DR</u>	<u>ORLANDO, FL 32836</u>

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:

[Signature]


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 18, 2002 407-345-8293

Date

Daytime Phone #

CR2E081 (9/01)

	4K Inc 8631 Sand Lake Shores Dr. Orlando, FL 32836 407-370-4666
---	---

March 18, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is a reinstatement form and check for \$300.00 to reinstate the registration for 4K Inc. I am requesting that reinstatement fees be waived due to non-receipt of the 2001 Uniform Business Report.

We became aware of this situation after receiving the 2002 UBR for another corporation that my husband has formed with other partners. When we checked we noted that 4K Inc is now marked as Inactive. If you have any questions, I may be reached at: 407-345-8293.

Thank you for your assistance,

Sincerely,



Judith A Kagel
Treasurer