

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -9 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082245

1. Corporation Name

KP COMPANIES, INC.

Principal Place of Business

8793 TAMIAHI TRAIL EAST
2663 AIRPORT RD SOUTH SUITE D107
NAPLES FL 34113

Mailing Address

8793 TAMIAHI TRAIL EAST
2663 AIRPORT RD SOUTH SUITE D107
NAPLES FL 34113



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

8793 TAMIAHI TRAIL EAST
Suite, Apt. #, etc. #207
NAPLES
City & State FL

3. New Mailing Office Address, If Applicable

8793 TAMIAHI TRAIL EAST
Suite, Apt. #, etc. #207
NAPLES
City & State FL

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1998

5. FEI Number

59-354-9157

Applied For

Not Applicable

Zip

34113

Country

USA

Zip

34113

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	MUTH, GARRY	840 - 5TH STREET, SW	NAPLES, FL 34117
VP/D	LAPIBUS, MICHAEL	452 NO. COLLIER BLVD	MARCO ISLAND FL 34145
S/D	BURRUS, JANICE	1071 So. BARFIELD DR.	MARCO ISLAND FL 34145

900003078279--2
-12/22/99-01077-014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BURRUS, JANICE

2663 AIRPORT RD SOUTH, SUITE D107
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name

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

8793 TAMIAHI TRAIL EAST
Suite, Apt. #, Etc. 207

City

NAPLES

State

FL

Zip Code

34113

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

Janice Burrus

REGISTERED AGENT MUST SIGN

Date 11-19-99

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:

Janice Burrus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-99

Date

Daytime Phone #

KE