## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P98000082750

1. Corporation Name

**DOCUMENT #** 

K.C. PRODUCTIONS N. TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

2921 LAKESHORE BLVD ST CLOUÍD FL 34769

2921 LAKESHORE BLVD ST CLOUD FL 34769

FILED

02 APR 10 PM 12: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA



			ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     09/23/1998			
μαιο, Αρι. π <sub>1</sub> σιο.			Suite, Apt. #, etc.  City & State		5. FEI Number	59-3538520	Applied For	
					6.		Not Applicab	
ip Country Zip		-Zip	p — Gountry		CERTIFICATE OF STATUS DESIRED for a Certificate of Statu			
Names	and Street Addresses of Each Officer	and/or Director (F	lorida nonprofit com	orations must list at l	east 3 directors)			
itle(s)	Name of Officers and/or Directors		Street Address of Eac Officer and/or Director		ch	City / State / Zip		
P	CONNER, KATHLEEN		2921 LAKESI	2921 LAKESHORE BLVD		ST CLOUD FL 34769		
						10005418 -05/01/020 ****750.00	****750.00 3568	
		<del>-</del>			and a state of section	-05/01/02		
	8. Name and Address of Cur	rent Registered	Agent		9. Name and A	Address of New Registered	****150 00 Agent	
CONNER, KATHLEEN 2921 LAKESHORE BLVD ST. CLOUD FL-34769					Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
				City		Sta FI		

Signature of Registered Age

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.

Daytime Phone #