

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAY 21 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092363

1. Corporation Name

K2 Technology Incorporated

Principal Place of Business

1751 W. 38th PLACE

Hialeah, FL 33012

Mailing Address

1751 W. 38th PLACE

Hialeah, FL 33012

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

2. New Principal Office Address, If Applicable

3133 SW 176 Terrace

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3133 SW 176 Terrace

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/98

5. FEI Number

65-0872633

Applied For

Not Applicable

City & State
Miramar FL

Zip

33029

Country

City & State
Miramar FL

Zip

33029

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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
PSD	Rita Maria Lopes	3133 SW 176 Terrace Miramar, FL 33029	Miramar, FL 33029

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06/19/01--01115--007

****300.00 ****300.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301-2525

9. Name and Address of New Registered Agent

Name
Rita Maria Lopes
Street Address (P.O. Box Number is Not Acceptable)
3133 SW 176 Terrace
Suite, Apt. #, Etc.

City
Miramar

State
FL

Zip Code
33029

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

REGISTERED AGENT MUST SIGN

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/99)