

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 28 PM 4:00

DOCUMENT # P99000007474

1. Corporation Name

KAP MARKETING, INC

2. Principal Office Address

9512 CAVENDISH DR.
12157 W. LIT

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33626

Country

USA

3. Mailing Office Address

12157 W. LINEBAUGH AVE

Suite, Apt. #, etc.

330

City & State

TAMPA FL

Zip

33626

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1996

5. FEI Number

31-1282934

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KATHLEEN ROBBINS

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

12157 W. LINEBAUGH AVE

Suite, Apt. #, Etc.

330

City

TAMPA

State

FL

Zip Code

33626

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

Kate Harris

Date 1-24-02

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
PRES	PAULA PRITCHARD	9512 CAVENDISH DR.	TAMPA FL 33626
SEC- TREAS.	KATHLEEN ROBBINS	9512 CAVENDISH DR.	TAMPA F 33626

AD

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:

Kate Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02 813-9268238

Date

Daytime Phone #