

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 21 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

899000022658

1. Corporation Name

DENT KING OF South Florida, Inc

2. Principal Office Address

4301 OAK CIRCLE

3. Mailing Office Address

3AM2

Suite, Apt. #, etc.

BAY 17

Suite, Apt. #, etc.

-

City & State

BOCA RATON, FL

City & State

Zip

33431

Country

USA

Zip

-

Country

-

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650921227

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

Kevin J. Kurlowski

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

207 Tropic Isle Dr. #207

400010198494

01/17/03--01068--009 **300.00

Suite, Apt. #, Etc.

APT. #207

City

Delray Beach, FL

State
FL

Zip Code

33483

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

Kevin J. Kurlowski
REGISTERED AGENT MUST SIGN

Date 1/10/03

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
President	Kevin J. Kurlowski	207 Tropic Isle Dr.	Delray, FL. 33483

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:

Kevin J. Kurlowski 1/10/03 561.955.8933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

2/1/22

Dent King of South Florida, Inc.
4301 Oak Circle
Suite # 17
Boca Raton, FL. 33431

January 13, 2003

Department Of State
Division Of corporations
P.O. Box 6327
Tallahassee, FL 32314

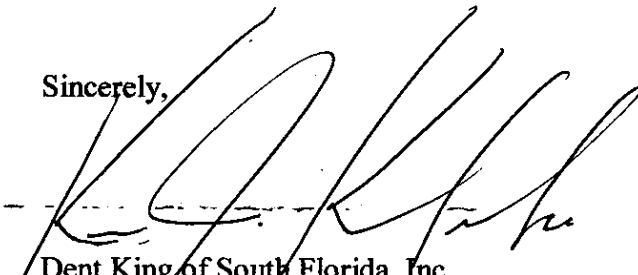
Dear Sir or Madam:

I am writing in reference to a letter that was received stating that our corporation status is inactive. No papers were ever received to this address, which we were unable to file.

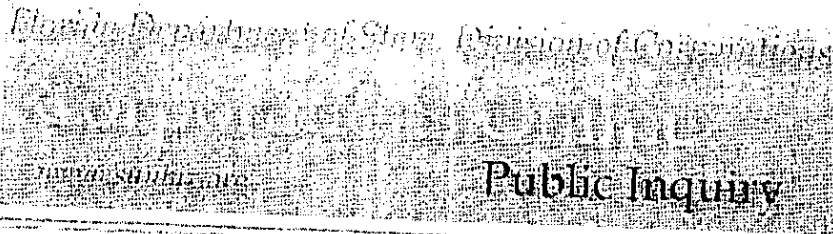
Please make note of our address and we are sending \$300.00 for last year filing and for this year filing.

We appreciate your time with this matter and if there is any further complications please feel free to call at 561-955-8933.

Sincerely,



Dent King of South Florida, Inc.
Kevin Kurlowski



Florida Profit
DENT KING OF SOUTH FLORIDA, INC.

PRINCIPAL ADDRESS
807 TROPIC ISLE DR
#207
DELRAY BEACH FL 33483 US
Changed 01/29/2001

~~Incorrect~~
Incorrect Address

MAILING ADDRESS
5030 CHAMPION BLVD.
6PMB424
BOCA RATON FL 33496 US
Changed 01/29/2001

Therefore, never
received filing information

Document Number
P99000622658

FEI Number
650921227

Date Filed
03/11/1999

State
FL

Status
INACTIVE

Effective Date
NONE

Last Event
ADMIN DISSOLUTION FOR
ANNUAL REPORT

Event Date Filed
10/04/2002

Event Effective Date
NONE

Registered Agent

Name & Address
KURLOWSKI, KEVIN 207 TROPIC ISLE DR #207 DELRAY BEACH FL 33483 Address Changed: 06/09/2000

Officer/Director Detail

Name & Address	Title
KURLOWSKI, KEVIN J 207 TROPIC ISLE DR #207 BOCA RATON FL 334863	P

Annual Reports

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