PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 21 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03

DOCUMENT # P99000022658

1. Corporation Name

DENT KING OF South FLORIDA, INC.

2. Principal Office Address	3. Mailing Office Address
4301 OAK CIRCLE	SAME
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 **30[illegible].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 Date: 1/10/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Presidt	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 Kevin J. Kurlowski 1/10/03 561.955.8933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JF 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 Department of State, Division of Corporations

Public Inquiry

Florida Profit

DENT KING OF SOUTH FLORIDA, INC.

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

~~807~~ Incorrect Address

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

Therefore, never received filing information

Document Number P99000022658	**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 33-4863	P

Annual Reports

for www.sunbiz.org
850 245 6059
~~$$$~~ reinstatement
150.00

www -