

APPLICATION
FORFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 23 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000053554

1. Corporation Name

K & R IMPORTS, INC.

Principal Place of Business

Mailing Address

1897 S KIRKMAN ROAD APT 425
ORLANDO FL 328111897 S KIRKMAN ROAD APT 425
ORLANDO FL 32811

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

58-3580297

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐ ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PSTD | THADANI, KAMAL F | 1897 S KIRKMAN ROAD APT 425 | ORLANDO FL 32811 |
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00 UBR: TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THADANI, KAMAL F
1897 S KIRKMAN ROAD #425
ORLANDO FL 32811

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED*
REGISTERED AGENT MUST SIGN

Date 10-16-00

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.

(KAMAL THADANI)

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00

Date

(407) 521-0817

Daytime Phone #

Dear sirs,

We recently recieved this notice of our corporation, this being our first time in business, we did not know that we need to pay a sum of \$ 150.00 anually, we werent advised by our accountant and never recieved any kind of notice in the mail asking us to pay the annual dues.

After having recieved this notice, we called the administrative of fice and they asked us to fill the form out along with \$ 150.00 check for your review.

we sincerely apolgize and hope you will consider this application with \$ 150.00 that we have enclosed.

Thanking you

Yours Truly

Joe Thadani

(Joe Thadani)