

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

ECB



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000067528

1. Corporation Name

KRYPTONITE CONTRACTING, INC.

Principal Place of Business

Mailing Address

~~10236 N. VALLE DR.~~ 2319 W Linbaugh Ave TAMPA FL 33612
~~10236 N. VALLE DR.~~ TAMPA FL 33612

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

2. New Principal Office Address, If Applicable

~~2319 W Linbaugh Ave~~
Suite, Apt. #, etc.

2319 W Linbaugh Ave
City & State

TAMPA, FL

Zip Country

33612 HUSBANDS

3. New Mailing Office Address, If Applicable

~~2319 W Linbaugh Ave~~
Suite, Apt. #, etc.

2319 W Linbaugh Ave
City & State

TAMPA, FL

Zip Country

33612 HUSBANDS

4. Date Incorporated or Qualified To Do Business in Florida

07/23/1999

5. FEI Number

59-3589834

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
DPT	VICKORY, TIM M	10236 N. VALLE DR.	TAMPA FL 33612
DVS	VICKORY, CARLA J	10236 N. VALLE DR.	TAMPA FL 33612

8. Name and Address of Current Registered Agent

VICKORY, TIM M
10236 N. VALLE DR.
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

100003941041
11/12/02--01109--024 **150.00

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-1-02

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

11-1-02

Date

Daytime Phone #

CR2E040 (8/02)