

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 13 AM 8:00

DOCUMENT # P99000073290

1. Corporation Name

Killer B's Inc.

2. Principal Office Address

1155 LAKE HARNEY RD

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 620567

Suite, Apt. #, etc.

City & State

GENEVA, FL

Zip

Country

32732-9673 Seminole

City & State

ORLANDO, FL

Zip

Country

32762-0567 Seminole

REINSTATEMENT 03-04

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1999

5. FEI Number

593593257

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

JOHN Brewer

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

10126 CROZIER CT.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32817

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

JOHN P. Brewer

REGISTERED AGENT MUST SIGN

Date

9-9-04

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
DP	JOHN Brewer	10126 CROZIER CT	ORLANDO, FL 32817
			500041011975 09/13/04 01071-003 **300.00

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:

JOHN P. Brewer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-9-04

Daytime Phone #

(407) 402-3646

CR2E001 (01/04)