

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000076586**

1. Corporation Name

K.L.F. PROPERTIES, INC.

Principal Place of Business

Mailing Address

15600 SW 288TH STREET
STE 201
HOMESTEAD FL 33033

15600 SW 288TH STREET
STE 201
HOMESTEAD FL 33033

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

45 NW 4th Street

45 NW 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homestead, FL

Homestead, FL

Zip

Country

Zip

Country

33030 Miami - Dade

33030 Miami - Dade

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1999

5. FEI Number

65-0946250

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PSD

FAGAN, LINDA R

17305 SW 300TH STREET

HOMESTEAD FL 33033

500009200955

02/11/03--01031--014 **150.00

500009200955

01/13/03--01031--017 **200.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUEST, JAMES M

15600 SW 288TH STREET

STE 201

HOMESTEAD FL 33033

Name

James R. Pierce Jr CPA

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

48 NE 15th Street

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

11/4/02

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
Jessica Fagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Pierce Jr.

- Registered Agent

11/20/02
Date

(305) 246-8224
Daytime Phone #

CR2E040 (8/02)