

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000081935

1. Corporation Name

K & S LOGISTICS, INC.

Principal Place of Business

2257 ARDON AVENUE
ORLANDO FL 32833

Mailing Address

2257 ARDON AVENUE
ORLANDO FL 32833

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

Suite, Apt. #, etc.

2754 Abalone Blvd

City & State

Orlando FL

Zip

32833

Country

U.S.

Suite, Apt. #, etc.

2754 Abalone Blvd

City & State

Orlando FL

Zip

32833

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1999

5. FEI Number

59-3403518

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PHEND, KELLY W	2257 ARDON AVENUE 2754 Abalone Blvd	ORLANDO FL 32833	

8. Name and Address of Current Registered Agent

PHEND, KELLY W
2257 ARDON AVENUE
ORLANDO FL 32833

9. Name and Address of New Registered Agent

Name

Phend Kelly W

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

2754 Abalone Blvd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32833

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

Kelly Phend
REGISTERED AGENT MUST SIGN

Date

12-20-02

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:

Kelly Phend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-02

Daytime Phone #

407-568-2653

CR2ED40 (8/02)