PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB -7 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092956

1. Corporation Name
K-2SECURITIES, INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
2139 Tapo Street	2139 Tapo Street
Suite, Apt. #, etc. Suite 221	Suite, Apt. #, etc. Suite 221
City & State Simi Valley, CA	City & State Simi Valley, CA
Zip 93063 Country usa	Zip 93063 Country usa

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number N/A ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: PARACORP INCORPORATED

Street Address (P.O. Box Number is Not Acceptable): 236 EAST 6TH AVENUE

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32303

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******8.75 ******8.75

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 (See Attached) Date
REGISTERED AGENT MUST SIGN

CR2E061 (1/96)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ANGELA BORDWELL	2139 Tapo Street #221	Simi Valley, CA 93063
D	ANTHONY BORDWELL	2139 Tapo Street #221	Simi Valley, CA 93063
D	Joshua Carr	2139 Tapo Street #221	Simi Valley, CA 93063

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****900.00 ****900.00

10. I certify that I am an officer or director of 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: Angela Bordwell Angela M. Bordwell, Dir. 1/29/01 805/579-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is

K-2SECURITIES, INC. A FLORIDA CORPORATION

The name and address of the registered agent is

PARACORP INCORPORATED

236 EAST 6TH AVENUE

TALLAHASSEE, FL 32303

Having been named registered agent for the stated corporation, I hereby accept the appointment as registered agent and am familiar with and accept the obligations of my position.

Dennis Zalbaca
SIGNATURE

Assistant Secretary