

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAR 21 PM 3:52  
SECRET TALLAHASSEE FLORIDA

DOCUMENT # **P99000096933**  
1. Corporation Name **PERSONAL TOUCH ENTERPRISES BY K+D, Incorporated**

2. Principal Office Address  
**4284 Enterprise Ave**  
Suite, Apt. #, etc. **B-10**  
City & State **NAPLES, FL**  
Zip **34104** Country **USA**

3. Mailing Office Address  
**4001 SANTA BARBARA AVE**  
Suite, Apt. #, etc. **#314**  
City & State **NAPLES, FL**  
Zip **34104** Country **USA**

REINSTATEMENT 04-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **59-360-7970** 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 **NICOLE FOLLEY**

Street Address (P.O. Box Number is Not Acceptable) **222 INDUSTRIAL BLVD**

Suite, Apt. #, Etc. **SUITE 166**

City **NAPLES, FL** State **FL** Zip Code **34104**

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 **Nicole Folley** Date **3/13/06**

REGISTERED AGENT MUST SIGN

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
Pres	DAVID SOLOW	6235 14 <sup>th</sup> AVE SW	NAPLES, FL 34116
VP	KENNETH SOLOW	510 15 <sup>th</sup> AVE SW	NAPLES, FL 34117

800069447658  
04/04/06--01055--011 \*\*450.00

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 contained in Chapter 119, 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: **Kenneth Solow** Date **3/13/06** Daytime Phone # **(239) 434-0858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**Personal Touch Enterprises By K & D Inc.**

**DAVE'S TOWING**

MAILING ADDRESS:                      PHYSICAL ADDRESS:  
PO BOX 21326                              4284 ENTERPRISE AVE B-10  
TAMPA, FLORIDA 33622-1326      NAPLES, FLORIDA 34104  
TELEPHONE: 239-434-0858  
TELEFAX: 239-434-9413  
EMAIL: [davestowingsd@earthlink.net](mailto:davestowingsd@earthlink.net)

March 13, 2006

Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P99000096933

Dear Sirs,

After going on line to look up some info on our corporation I see that for some reason we have not filed our annual corporate reports for the past 3 years. After research of our office records I don't show that we received the annual reports. Nor did I receive notification of the Dissolution of the corporation We respectfully request that you reinstate our corporation and waive the reinstatement fee. I have included the annual filing fee for 2004, 2005, & 2006. Your professional wisdom is greatly appreciated.

Respectfully,



Kenneth Solow  
Owner/GM