

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 9:24

DOCUMENT # P99000107749

1. Corporation Name

K & C TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

934 SOUTHWEST 14TH STREET
DEERFIELD BEACH FL 33441

934 SOUTHWEST 14TH STREET
DEERFIELD BEACH FL 33441



REINSTATEMENT

DD

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

Zip

Country

Zip

Country

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
1	2.	3	4
D	MARY ELISE DANIELS-BRYANT	934 SOUTHWEST 14TH STREET	DEERFIELD BEACH FL 33441
			300003491433--0
			-12/08/00--01026--022
			*****8.75 *****8.75
			300003491433--0
			-12/08/00--01026--022
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Samuel J. Bryant

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

934 Southwest 14th Street

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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.

Signature of
Registered Agent

Samuel J. Bryant
REGISTERED AGENT MUST SIGN

Date

11-10-2000

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:

Samuel J. Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-000

Daytime Phone #

954-646-9824