PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97-98 A/R

FILED
98 JUN 23 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # S07126

1. Corporation Name
KCL ENTERPRISES, INC

Principal Place of Business
5349 NOB HILL RD
SUNRISE FL 33351

Mailing Address
P.O. Box 14022
TALLAHASSEE, FL 32317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 10/19/90

5. FEI Number 65-0234208 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED X — $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	KENNETH LATINE	1447 DEN HOLM DR	TALLAHASSEE, FL 32312

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****323.75 ****323.75

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6-23-98

8. Name and Address of Current Registered Agent
KENNETH LATINE
1447 DEN HOLM DR.
TALLAHASSEE, FL 32312

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (1/98)

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 Kenneth Latine Date 6/23/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Kenneth Latine / KENNETH LATINE 6/23/98 850-297-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/23

(12)

Department of State
409 E. Gaines St.
Tallahassee, fl 32301

To whom it may concern:

My Corporation (K.C.L. Enterprises, Inc) was dissolved in 1997 by the Department of State.

I had changed my mailing address on the 1996 form from P.O Box 8701, Coral Springs fl 33075 to P.O Box 100917, ft. Lauderdale fl 33310, but the 1997 form must have been send to the wrong (old address), and I never received it.

I need to have my Company re-instated, and would appreciate your help in doing this.

Thanks
Ken Latine

K.C.L. ENTERPRISES, INC.
P.O. Box 14022
TALLAHASSEE, FLORIDA 32317
(800) 284-0760