

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 13 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 529857

1. Corporation Name
K.C.C. Florida Development Corporation

2. Principal Office Address
176 Kings Road
Suite, Apt. #, etc.

3. Mailing Office Address
176 Kings Road
Suite, Apt. #, etc.

City & State
Palm Beach, Florida

City & State
Palm Beach, Florida

Zip Country
33480 U.S.A.

Zip Country
33480 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/91

5. FEI Number
65-0244338

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

Kenneth A. Ortnier

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

1121 East Broward Boulevard

Suite, Apt. #, Etc.

400054212074

05/10/05--01051--024 **1800.00

City

Fort Lauderdale

State

FL

Zip Code

33301

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

Kenneth A. Ortnier
REGISTERED AGENT MUST SIGN

Date 3.28.05

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
P,D	Mamoru Hiria	176 Kings Road	Palm Beach, FL 33480
VP,D	<i>B. De</i> Myriam Hiria	176 Kings Road	Palm Beach, FL 33480

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 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.

(B. De)
SIGNATURE: *Myriam Hiria* *Myriam B. De Hiria* 04-8-05 561-820-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)