

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

01 DEC 28 PM 4:00

DOCUMENT # **S31552**

1. Corporation Name

KARTWORLDS KISSIMMEE, INC.

Principal Place of Business

4708 W. IRLO BRONSON MEM. HWY.
KISSIMMEE FL 34746
US

Mailing Address

4708 W. IRLO BRONSON MEM. HWY.
KISSIMMEE FL 34746
US



REINSTATEMENT 01

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

02/13/1991

5. FEI Number

59-3083025

Applied For

Not Applicable

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CLARK, ROBERT R	14654 EAGLES CROSSING	ORLANDO FL 32837 DELETE
✓ P	CLARK, TIMOTHY M	14116 SNEAD CR 14116 SNEAD CIRCLE	ORLANDO FL 32837
ST	CALHOUN, WENDY	14654 GEORGES CROSSING 14654 EAGLES CROSSING	ORLANDO FL 32837
			100004785591--0 -01/22/02--01024--018 ****758.75--****758.75

8. Name and Address of Current Registered Agent

CLARK, ROBERT R
14654 EAGLES CROSSING
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name

TIMOTHY CLARK

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

14116 SNEAD CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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

REGISTERED AGENT MUST SIGN

Date

12/27/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY CLARK

Date

12/27/01

Daytime Phone #

407.390-7071

CR2E040 (8/01)