

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

99 DEC 16 PM 4:41

DOCUMENT # 531988

1. Corporation Name
KV Securities Corporation

Principal Place of Business Mailing Address
2101 West SR 434 Suite 221
Longwood, FL 32779 2101 West SR 434
Suite 221
Longwood, FL 32779

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 02/14/91
5. FEI Number [X] 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Don Mitchell	2101 W SR 434, STE. 221	Longwood, FL 32779

8. Name and Address of Current Registered Agent
Julie Carr
1242 Indian Bluff Drive
Apopka, FL 32703

9. Name and Address of New Registered Agent
Name: Janet E. Williams
Street Address (P.O. Box Number is Not Acceptable): 2101 West SR 434
Suite, Apt. #, Etc.: Suite 221
City: Longwood, State: FL, Zip Code: 32779

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: Janet E. Williams
Date: 10-22-99
REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DONALD A. MITCHELL
Date: 10-22-99
Daytime Phone #: 409-772-4161

REINSTATEMENT 92-99