

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S49204

1. Corporation Name

K. HILLS, INC.

2. Principal Office Address

7802 Kingspointe Pkwy

3. Mailing Office Address

7802 Kingspointe Pkwy

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Orlando, FL 32819

City & State

Orlando, FL 32819

Zip

32819

Country

USA

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1991

5. FEI Number

650262276

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

C. Yanki Sokmensuer, Esq.

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

Smith, Mackinnon, Greeley, Edwards & Marks, P.A.
255 South Orange Avenue.

Suite, Apt. #, Etc.

Suite 800

City

Orlando

State

FL

Zip Code

32801

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

[Signature]

Date 05/11/2001

REGISTERED AGENT MUST SIGN

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	Eduardo Adamo Capozzi	7802 Kingspointe Pkwy Suite 103	Orlando, FL 32819
V/D	Fernando Sabo	7802 Kingspointe Pkwy Suite 103	Orlando, FL 32819
S/T	Linda Mattini	7802 Kingspointe Pkwy Suite 103	Orlando, FL 32819
D	Miriam Elizabeth Sabo	7802 Kingspointe Pkwy Suite 103	Orlando, FL 32819

REINSTATEMENT 99-01

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)(j), 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:

Fernando Sabo

05/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #