

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 14 PM 1:49

DOCUMENT # V17757

1. Corporation Name

KVK CONTRACTING, INC.

000128791770
05/08/08--01009--026 **8.75

000128791770
05/08/08--01009--026 **900.00

2. Principal Office Address - No P.O. Box #

727 WESLEY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TARPON SPRINGS

Zip

34689

Country

U S

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/1992

5. FEI Number
59-3114052

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

KALIOPE PSEFTELIS

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

1910 MOUNTAIN ASH WAY

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34655

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kaliope Pseftelis
REGISTERED AGENT MUST SIGN

Date MAY 1, 2008

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
PRES	VASILIS PSEFTELIS	1910 MOUNTAIN ASH WAY	NEW PORT RICHEY, FL 34655
S / T	KALIOPE PSEFTELIS	1910 MOUNTAIN ASH WAY	NEW PORT RICHEY, FL 34655

REINSTATEMENT 03-08 B 5/19/08

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 contained in Chapter 119, 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:

Kaliope Pseftelis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KALIOPE PSEFTELIS

5/1/08
Date

727-234-0698
Daytime Phone #