

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV 12 AM 9: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V66726

1. Corporation Name

K & B TRANSPORT MANUFACTURING, INC.

Principal Place of Business

2545 NARCISSUS

6162 SOUTH ATLANTIC

DAYTONA BEACH FL 32724

US SANFORD, FL 32771

Mailing Address

P.O. BOX 828 2545 NARCISSUS AVE

NAHAMMA GA 31553 SANFORD, FL 32771

US

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2545 NARCISSUS AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2545 NARCISSUS AVE

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32771

Country

US

City & State

SANFORD, FL

Zip

32771

Country

US

REINSTATEMENT *alo*
To Do Business in Florida 08/23/1982

5. FEI Number

58-2016551

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	GOGEL, WILLIAM A.	10068 DEERCREEK CL.RD.E.	JACKSONVILLE FL
ST	GOGEL, WILLIAM A.	10068 DEERCREEK CL.RD.E.	JACKSONVILLE FL

000002008530--4
-11/19/96--01144-017
***375.00 ***375.00

8. Name and Address of Current Registered Agent

GOGEL, WILLIAM A.
6060 GREENLAND RD.
JACKSONVILLE FL 32258

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

William A. Gogel

REGISTERED AGENT MUST SIGN

Date 10-4-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

William A. Gogel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Gogel

10/4/96

Date

(407) 322-8040

Daytime Phone #