

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

RECEIVED AND FILED

MAY 24 PM 4:32

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DOCUMENT # **F96000001274**

1. Corporation Name

**K 2 DESIGN GROUP, INC.**

Principal Place of Business

Mailing Address

350 FIFTH AVE., S. #B  
 NAPLES FL 34104  
 US

4475 CORPORATE SQUARE  
 NAPLES FL 33940  
 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/08/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0557414	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	



**REINSTATEMENT 98-99**

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
PD	KEEGAN CARTER, JENNY L	1525 BONITA LANE	NAPLES FL
VD	CARTER, MARK W	1525 BONITA LANE	NAPLES FL

800002893088--3  
 -06/02/99--01074--030  
 \*\*\*\*750.00 \*\*\*\*750.00  
 800002893088--3  
 -06/02/99--01074--031  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CARTER, JENNY 4475 CORPORATE SQUARE NAPLES FL 34104		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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: 4.18.99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JENNY L CARTER

Date: 4.21.99

Telephone Phone #:

CR2E040 (9/98)