

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV -5 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000016834

1. Corporation Name

KK LEASING CORPORATION

2. Principal Office Address

10201 N. HAGUE ROAD

3. Mailing Office Address

10201 N. HAGUE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIANAPOLIS, IN

City & State

INDIANAPOLIS, IN

Zip

46256

Country

USA

Zip

46256

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/14/2000

5. FEI Number

35-2101099

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

LOUIS M. MEINERS, JR.

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

2598 L'ERMITAGE LANE

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34105

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

REGISTERED AGENT MUST SIGN

Date 10/30/2002

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	KELSO, WILLIAM R.	10201 N. HAGUE ROAD	INDIANAPOLIS, IN 46256

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)(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:

10/31/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

11/14/02



A Professional Corporation

October 30, 2002

William R. Kelso
KK Leasing Corporation
10201 N. Hague Road
Indianapolis, IN 46256

Dear Mr. Kelso:

I have attached the Application for Reinstatement for KK Leasing Corporation, along with a letter to the Florida Division of Corporations. Please sign the application and the letter. After signing, please forward both documents in the enclosed envelope, along with a check made payable to the Florida Department of State in the amount of \$150. Please mail the application at your earliest convenience.

Upon receipt, I can be reached at (800) 787-8112 with questions.

Sincerely,

Yolanda Robinson
Executive Assistant

**KK LEASING CORPORATION
10201 N. HAGUE ROAD
INDIANAPOLIS, IN 46256**

October 30, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I have attached the Application for Reinstatement for KK Leasing Corporation. Our office did not receive any Uniform Business Report notices, or any other correspondence in 2002 prior to this application. We are requesting a waiver of the reinstatement fee. We have enclosed the \$150 filing fee without penalty.

Thank you for your assistance in this matter. Upon receipt, I can be reached at (317) 845-5858 with questions.

Sincerely,



William R. Kelso
President