

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 OCT 18 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F10000003497

1. Corporation Name

KIS PG of Florida, Inc.

000213416310  
10/18/11--01029--006 \*\*236.25

CR2E081 (11/10)

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

5240 Babcock Street, NE

3. Mailing Office Address

5240 Babcock Street, NE

Suite, Apt. #, etc.

# 211

Suite, Apt. #, etc.

# 211

City & State

Palm Bay, FL

City & State

Palm Bay, FL

Zip

32905

Country

USA

Zip

32905

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 8/2/2010

5. FEI Number

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

3H Agent Services, Inc.

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

1970 Otter Way

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

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

*Brian Smith*, President of 3H Agent Services, Inc. 10/4/2011  
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
CPSTD	J. Scott Klein	1 Claridge Dr, Apt 916	Verona, NJ 07044

B 10/19/11

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10. E-mail Address: brian.smith@smithnewman.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver of trust 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

J. Scott Klein, President 10/4/2011 973-754-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #