

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

01 DEC 10 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004643

1. Corporation Name

KMS ENERGY INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

5 WESTBROOK CORPORATE CENTER, STE. 920  
WESTCHESTER IL 60154

5 WESTBROOK CORPORATE CENTER, STE. 920  
WESTCHESTER IL 60154



REINSTATEMENT

2001

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

08/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

36-4345160

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	KELLER, HAL	5 WESTBROOK CORPORATE CENTER, ST	WESTCHESTER IL 60154
DCOO	MARTIN, HENRY L	8250 BRYAN DAIRY ROAD, SUITE 100	LARGO FL 33777
DCEO	SERUTO, JOSEPH V	400 N. MOUNTAIN AVE., #219	UPLAND CA 91786
CFO	KWAK, JOHN M	5 WESTBROOK CORPORATE CENTER, ST	WESTCHESTER IL 60154
VAS	SERENDA, JOELLE	5 WESTBROOK CORPORATE CENTER, ST	WESTCHESTER IL 60154
V	KELLER, WILLIAM C JR.	5 WESTBROOK CORPORATE CENTER, ST	WESTCHESTER IL 60154

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

600004740836

12/27/01-01028-007

\*\*\*750.00 \*\*\*750.00

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

*Deborah D. Skipper*  
Deborah D. Skipper  
Asst. V. Pres.

Date 12-10-01

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN KWAK

Date

Daytime Phone #