

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB -7 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004366

1. Corporation Name

KOSLOW ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1112 WESTON RD STE 226
WESTON FL 333261112 WESTON RD STE 226
WESTON FL 33326

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

08/18/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3321406

Applied For

Not Applicable

City & State

City & State

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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
VP		KOSLOW, MEYEL		1112 WESTON ROAD, SUITE 226		WESTON FL 33326
P		KOSLOW, BRIAN M		1112 WESTON ROAD, SUITE 226		WESTON FL 33326

900011914459
02/06/03--01069--010 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOSLOW, BRIAN
1112 WESTON RD, SUITE 226
WESTON FL 33326

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/30/02

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 I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN M. KOSLOW
PRESIDENT

Date

Daytime Phone #

1/30/03

954-
347-2492



January 21, 2003

Division of Corporations
Attn: Partnership Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Koslow Enterprises, Inc
Document # F97000004366

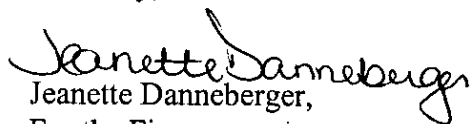
To Whom It May Concern:

We are the accountants for the above referenced corporation and have been asked to respond regarding their fee for the application for reinstatement.

Enclosed please find the completed application for reinstatement your office provided. We are requesting the fees be waived for the reason that we only received one uniform business report notice, not two as stated in the packet for 2002.

We thank you for your advanced cooperation in resolving this matter. If you have any questions, please do not hesitate to contact our office at your convenience.

Sincerely,


Jeanette Danneberger,
For the Firm