

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J81026**

1. Corporation Name

KS TELECOM, INC.

Principal Place of Business

4910 DYER BLVD
W PALM BCH FL 33407
US

Mailing Address

4910 DYER BLVD
W PALM BCH FL 33407
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1987

5. FEI Number

65-0008293

Applied For

Not Applicable

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
D	CHARNOUBI, SAMI	4910 DYER BLVD	W PALM BCH FL
D	HOLLIFIELD, KYLE	4910 DYER BLVD	W PALM BCH FL

500024264895
10/30/03--01005--021 **150.00

500024264895
10/30/03--01005--022 **8.75

8. Name and Address of Current Registered Agent

SABERSON, ROGER G.
70 SE 4 AVE
DELRAY BCH FL 33483

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/21/03

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] SAMI CHARNOUBI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-2003

Date

(561) 840 0636
Daytime Phone #

CR2E040 (7/03)

October 17, 2003

TO: Florida Department of State
Division of Corporations

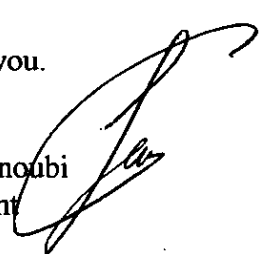
From: KS Telecom, Inc.
4910 Dyer Blvd.
W.P.B. FL, 33407
FEI 65-0008293

Dear Sir,

I, the undersigned S. Charnoubi, an officer of the corporation, certify that the corporation did not receive the two prior uniform business report notices. Therefore I would respectfully request you to reinstate the corporation and waive the reinstatement fee penalty.

Thank you.

S. Charnoubi
President



Tel: 561 840 0636