

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 22 AM 10:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **194000000984**

1. Corporation Name

KISS TRUST, INC.

70000330097--4
-07/20/00--01077--024
****428.75 ****428.75

2. Principal Office Address
154 Sebring Drive

3. Mailing Office Address
154 Sebring Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tavernier, FL

City & State
Tavernier, FL

Zip Country
33070 USA

Zip Country
33070 USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/94 KE

5. FEI Number
65-0474101

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

Carlos Delvallée

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

154 Sebring Drive

Suite, Apt. #, Etc.

City
Tavernier

REINSTATEMENT 97-00

WOODBRIDGE State **FL** Zip Code **33070**

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

Carlos A. DelValle

Date **5-17-00**

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
P T	Carlos DelValle - T	154 Sebring Drive	Tavernier, FL 33070
VPT	Susan DelValle - T	154 Sebring Drive	Tavernier, FL 33070
S T	Sharon Scianimanico - T	812 Narragansett Lane	Key Largo, FL 33037
D D	Anjanette King - D	137 Caloosa Street	Tavernier, FL 33070

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)(l), 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: **Carlos A. DelValle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-00

Date

305 852-2749

Daytime Phone #

CR2E081 (9/99)