

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000784

1. Corporation Name

KISS TRUST, INC.

Principal Place of Business

154 SEBRING DRIVE
TAVERNIER FL 33070

Mailing Address

154 SEBRING DRIVE
TAVERNIER FL 33070

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1994

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. 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
PT	DELVALLE, CARLOS	154 SEBRING DRIVE	TAVERNIER FL 33070
VPT	DELVALLE, SUSAN	154 SEBRING DRIVE	TAVERNIER FL 33070
ST	SCIANIMANICO, SHARON	812 NARRAGANSETT LANE	KEY LARGO FL 33037
DD	KING, ANJANETTE	137 CALOOSA STREET	TAVERNIER FL 33070

8. Name and Address of Current Registered Agent

DELVALLE, CARLOS
154 SEBRING DRIVE
TAVERNIER FL 33070

9. Name and Address of New Registered Agent

Name TS

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 Required

REGISTERED AGENT MUST SIGN

Date 02/06/03

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Carlos DelValle

Date

02/06/03

Daytime Phone #

CR2E040 (8/02)