

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 16 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000006743**

1. Corporation Name

KTS Enterprises, Inc.

2. Principal Office Address

6333 Walk Circle

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33431

Country

U.S.A.

3. Mailing Office Address

6333 Walk Circle

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33431

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 2001

5. FEI Number

65-1069451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Todd E. Simpson

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

6333 Walk Circle

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

000055368420

05/26/05--01033--004 **450.00

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

Date **May 11, 2005**

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	Todd E. Simpson	6333 Walk Circle	Boca Raton, Florida 33431

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)(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

May 11, 2005

Date

561-703-2024

Daytime Phone #

KTS Enterprises, Inc.
6333 Walk Circle
Boca Raton, Florida 33433
561-703-2024

May 11, 2005

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: KTS Enterprises, Inc. request for reinstatement

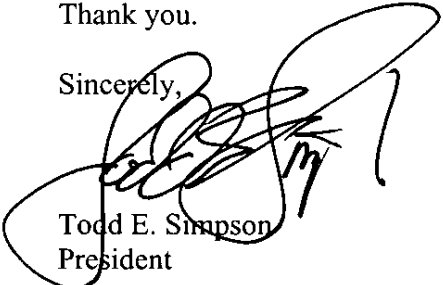
To Whom It May Concern:

Enclosed please find my Application for Reinstatement along with a KTS Enterprises check for \$450.00 to cover the last two reporting periods and the current reporting period. I respectfully request that you waive any penalties and accept my reinstatement request and this money. I moved from my previous location and never received any more reminders to file since 2002. I apologize for not filing. I would have if I had remembered. I now have a reminder on my calendar to file each and every year.

Please call me should you have any questions.

Thank you.

Sincerely,



Todd E. Simpson
President