

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB -3 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017366

1. Corporation Name

K.S.A. ENTERPRISES, INC.

2. Principal Office Address

3494 POLYNESIAN ISLE DRIVE

3. Mailing Office Address

7345 SAND LAKE ROAD

Suite, Apt. #, etc.

B1

Suite, Apt. #, etc.

412

City & State

KISSIMMEE, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

34746

Country

USA

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2001

5. FEI Number

59-3714086

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

SAID HUSSEIN

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

3494 POLYNESIAN ISLE DRIVE

Suite, Apt. #, Etc.

City

KISSIMMEE

State
FL

Zip Code

34746

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/02/02

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/D	SAID HUSSEIN	2561 DAVENPORT CIRCLE	KISSIMMEE, FL. 34746

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: X

[Signature]

SAID HUSSEIN

12/02/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Initials]

CR2E081 (9/01)

2b2

**K.S.A Enterprises, Inc.
Scissorhands of Osceola
3494-B Polynesian Isle Blvd.
Kissimmee, Florida 34746
Tel. # 407-390-1111**

January 27, 2003

Florida Dept. of State
Division of Corporation
409 East Gains Street
Tallahassee, Florida 32399

Re: Document Number **P01000017366**

To whom it may concern;

In the course of a business transaction, it has come to our attention that K.S.A. Enterprises Inc. has been administratively dissolve as of as of October 4, 2002. As it was explained by your office via telephone yesterday that the reason for dissolution of the corporation was due to non filing of the annual reports for the years 2002 and 2003.

Please be advised that we never received any Dept. Of State correspondence at our current address, maybe because our suite number was never put on the original documents. Enclosed is a copy of cover letter sent with original documents requesting that validated articles be sent to our accountant's office.

We are requesting waiver of reinstatement fees. Also enclosed is a check for \$300.00 for the annual fees for the years 2002 and 2003.

Your attention in this matter would be greatly appreciated.

Sincerely yours,

Said Hussien/President