

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 25 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000029125

1. Corporation Name

KOHL, Incorporated

~~1005000018250~~

2. Principal Office Address
PO BOX 47809

3. Mailing Office Address
PO BOX 47809

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33647

Country
USA

Zip
33647

Country
USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida 2002

5. FEI Number
59-3720853

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RAY CIBISCHINO

Street Address (P.O. Box Number is Not Acceptable)
5410 BURCHETTE RD

Suite, Apt. #, Etc.

City
TAMPA, FL

State
FL

Zip Code
33647

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

Ray Cabischino

Date 4-1-05

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	Ray Cabischino	5410 Burchette Rd	Tampa, FL 33647
			200054126532
			05/10/05--01011--005 **450.00

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:

Ray Cabischino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05

Date

Daytime Phone #

CR2E081 (01/05)

KOHL, INC.
dba
CUSTOM SHOTCRETE
P. O. Box 47809
Tampa, Fl. 33647
813 267-1667

April 1, 2005

To whom It may concern:

Enclosed is a check in the amount of \$450.00 for reinstatement of Kohl, Inc. (EIN # 59-3720853) We never received any notices for reinstatement in the years of 2003 or 2004 and recently discovered that we are inactive. I ask that due to the fact that we did not receive any notices that the late fees be waived. Thank you for your future cooperation.

Sincerely,



Ray Cibischino
President
Kohl, Inc