

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 AUG -4 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000011802

1. Corporation Name  
Koster Enterprises, Inc.

2. Principal Office Address  
1101 Seminole St

Suite, Apt. #, etc.

City & State  
Clearwater, FL

Zip Country  
33755 USA

3. Mailing Office Address  
1101 Seminole St.

Suite, Apt. #, etc.

City & State  
Clearwater, FL

Zip Country  
33755 USA

400058187664  
08/03/05--01024--005 \*\*1058.75  
**REINSTATEMENT** 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida 02/01/2002

5. FEI Number 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  
Richard D. Green

Street Address (P.O. Box Number is Not Acceptable)  
1010 Drew Street

Suite, Apt. #, Etc.

City  
Clearwater

State Zip Code  
FL 33755

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

*Richard D. Green*  
REGISTERED AGENT MUST SIGN

Date

July 30, 2005

**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	Lance Koster	1101 Seminole St	Clearwater, FL 33755
V/S/T	Diana Koster	1101 Seminole St	Clearwater, FL 33755

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

7-30-05

Date

Daytime Phone #

CR2E081 (01/05)

8/9/05