

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000020554

1. Corporation Name

KST Enterprises, Inc.

2. Principal Office Address

104 America Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

104 America Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

USA

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

2/22/2002

5. FEI Number

01-0609983

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
03 DEC 12 AM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200025464382
12/12/03--01063--011 **750.00

7. Name and Address of Current Registered Agent

Name
Cox, Robert Scott

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

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 12/10/03

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
CEO	Gordon E. Hunt	6092 Masters Boulevard	Orlando, FL 32819
President	Katsutoshi Sam Tabuchi	7438 Pinemount Drive	Orlando, FL 32819

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:

Gordon E. Hunt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/03 407-808-8492