

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 20 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 020000 21740

1. Corporation Name

KOSEK CAPITAL, INC.

2. Principal Office Address

101 E. KENNEDY BLVD

Suite, Apt. #, etc.

SUITE 3170

City & State

TAMPA, FL

Zip

33602

Country

3. Mailing Office Address

P O BOX 172006

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33672

Country

000036959880

05/20/04--01036--012 **8.75

000036959880

05/20/04--01036--011 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida 02/26/2002

5. FEI Number

75-3013547

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 MANEY & GORDON, P.A.

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

101 E. KENNEDY BLVD.

Suite, Apt. #, Etc. SUITE 3170

City

TAMPA

State

FL

Zip Code

33602

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

5/17/04

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	KOFI SEKYERE	101 E KENNEDY BLVD	TAMPA, FL 33602
S/T	ISAAC MENSAH	101 E KENNEDY BLVD	TAMPA, FL 33602

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:

(ISAAC KYEI-MENSAH)

Date

05/17/04 813-787-8110

Daytime Phone #