

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 23 AM 8:00

DOCUMENT #

PO2000059486

1. Corporation Name

KONSTANTIN, INC.

2. Principal Office Address

700 N.E. 4TH COURT

Suite, Apt. #, etc.

#4

City & State

HALLANDALE

Zip

33009

Country

USA

3. Mailing Office Address

700 N.E. 4TH COURT, Suite 4

Suite, Apt. #, etc.

#4

City & State

HALLANDALE, FL

Zip

33009

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5/30/2002

5. FEI Number

01-0709263

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

ADRIAN MULKO

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

3800 S. OCEAN DRIVE

Suite, Apt. #, Etc.

#216

City

HOLLYWOOD

State

FL

Zip Code

33019

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

REGISTERED AGENT MUST SIGN

Date

2-7-04

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 / Street / Zip
PRESIDENT	KONSTANTIN RUSSIN	700 N.E. 4TH CT #4	HALLANDALE, FL 33009

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

02-07-04

Date

954-457-4068

Daytime Phone #

292

# Konstantin, INC.

700 N.E. 4<sup>th</sup> Court #4  
Hallandale, FL 33009

February 5, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Reinstatement Division

Ref: Document #: P02000059486

Dear Sir or Madam:

We are paying \$150.00 for the annual fee of our corporation.

We would like to respectfully ask you to please <sup>2003</sup>reinstate our corporation and wave the \$600.00 penalty since we did not receive the notice of the annual report and further correspondence. This was probably due to the fact the letter never made it to our office since we have moved .

We apologize for any inconvenience this has caused and would like to thank you ahead of time.

Sincerely,

Konstantin Russin  
President