## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** , FQR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000064055 DOCUMENT #

1. Corporation Name

KC FIT, INC.

Principal Place of Business

Mailing Address

C/O KERRYANNE CHISHOLM 2826 SW 11TH PL N DEEDELEI D. EL. 33442

C/O KERRYANNE CHISHOLM 2826 SW 11TH PL N DEEDEIELD EL 33442

FILED

03 OCT 24 PM 5: 07

SECHLIARY OF STATE TALLAHASSEE, FLORIDA

DECRIFICED PE 33442		DEENFIELD FL 33442			- THE PROPERTY .				
ا above addresses are incorrect in any way, line through incorre			~~~. ormation ar	nd enter correction below	PENSIA EVETI 03				
				dress, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida  06/10/2002				
Suite, Apt. #,	Suite, Apt. #, e	Suite, Apt. #, etc.			5. FEI Number Applied For				
City & State City & S			State -			5. FEI Number			
000	ronut Creek	City de States F1.						Not Applicable	
3 3307	73 Country U.S. 4	<del>کان کان</del>	3	Country	1 -	E OF STATUS DES		dditional Fee require Certificate of Status	
7. Names an	d Street Addresses of Each Officer and/	or Director (Florid	la nonprofit	t corporations must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		4	City / State /	Zip	
Aus. dent	Kerny Chistolm Gie	comino		s n.w. 50 C	F13302	3			
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				MI Inh			<del></del>		
			`	$\phi$ ,					
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
SYROP, JERRY M				Name  Rerry (4.84a/m Gracomino)  Street Address (P.O. Box Number is Not Acceptable)  5003 1. W. 503 7					
2826 SW 11TH PL N				Street Address (P.O. Box Number is Not Acceptable)					
DEERFIELD FL 33442				Suite, Apt. #, Etc.					
				City Caro	nut C	rel	State Zi	33073	
10. I, being a	ppointed the registered agent of the abo	ve named corpora	ttion, am-fa	miliar-with and accept the o	bligations of Sect	ion 607.0505, F	.S. or 617.0505, F.	S.	
	~ / .								
Signature of	14.6	2/ 9/300	mino			_	10-15	-03	

11.1 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:

REGISTERED AGENT MUST SIGN

to Whom it may concern, Enclosed is a money order for \$150.00 I would like my business reinstated. I did Send in my Uniform Business Report prior to the lake date. However it appears that it was not received. I am asking that the lake fees be waved. Thankyou in advance, Kerry Chispolm Giacomino