

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL -2 AM 8:58

DOCUMENT # PO2000080149

1. Corporation Name

Enterprises By K, Inc.

**REINSTATEMENT** 03-04

200035824082  
05/10/04--01002--007 \*\*308.75

2. Principal Office Address

1504 LAGO VISTA Blvd.  
Suite, Apt. #, etc.

3. Mailing Office Address

1504 LAGO VISTA Blvd.  
Suite, Apt. #, etc.

03-04

City & State

PALM HARBOR FLORIDA

City & State

PALM-HARBOR Florida

4. Date Incorporated or Qualified  
To Do Business in Florida

5/31/02

5. FEI Number

27-0022544

Applied For

Not Applicable

Zip

34685

Country

USA

Zip

34685

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RANDY J. Kowalczyk

Street Address (P.O. Box Numbers Not Acceptable)

1504 LAGO VISTA Blvd.

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34685

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/26/04

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 / State / Zip
<u>Pres.</u>	<u>RANDY J. Kowalczyk</u>	<u>5 Country Club Dr.</u>	<u>LARGO, FL 33771</u>

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/04 (727)744-8332

Daytime Phone #

CR2E081 (07/04)

*Attachment*

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Enterprises By K, Inc.  
Randy Kowalczyk, President  
5 Country Club Dr.  
Largo, Fl 33771-2220

**Document # 27-0022544**

To whom it may concern,

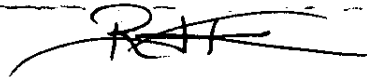
I am including this letter along with payment for years 2002 and 2003 as instructed by your office, I.R.S. and our new accountant firm.

We ask that the Department of State give Enterprises By K, Inc. a waiver in regard to Reinstatement fees. ~~For the year 2002 we did not receive an annual report form.~~ In fact we did not know or were aware that the State were due monies until brought to our attention by our new accounting firm.

The above Corporation, Enterprises By K, Inc., owes \$150 for last year and \$150 for this year. The accountant that put this corporation together is no longer in business. We are still trying to piece together what they did in 2002 with our new accounting firm. C.Z. Professionals, the accountant firm of 2002 did not keep record retention, produce copies for our records, or instruct us accordingly for the State or I.R.S.. We are still waiting forms from I.R.S. to resolve issues there as well.

I thank you for your patience and understanding for the condition of reactivation for Enterprises By K, Inc. **Document # 27-0022544**

Sincerely,



Randy J. Kowalczyk, President