

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -9 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000089421

1. Corporation Name

K & S LEGAL SERVICES, INC.

2. Principal Office Address - No P.O. Box #

3156 SW 153 CT

3. Mailing Office Address

3156 SW 153 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33185

Country

US

Zip

33185

Country

US

REINSTATEMENT CR2E081 (1/07) 03-07

4. Date Incorporated or Qualified To Do Business in Florida

08/16/2002

5. FEI Number

59-3762750

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
KARLA PERDOMO

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

3156 SW 153 CT

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33185

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

Date **09/27/2007**

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
PD	KARLA PERDOMO	3156 SW 153 CT	MIAMI, FL 33185

400110467334
10/08/07--01010--012 **750.00

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 contained in Chapter 119, 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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/27/2007
Date

(786) 326-9378
Daytime Phone #

2 of 2

Miami, FL, September 27, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

**Ref: K & S LEGAL SERVICES, INC., Document Number:
P02000089421**

Dear Sirs,

This is to inform you that K & S LEGAL SERVICES, INC. failed to file its 2003 because the Annual Report Notice sent by you was never received. Furthermore, this company changed its principal/ mailing address and this caused failure to file Annual Reports for the years 2004, 2005, 2006 and 2007 as well. Therefore, since we want to keep this company ACTIVE and we want to be current, we are sending the payment for \$750.00 corresponding to the years 2003, 2004, 2005, 2006, and 2007 Annual Report fees along with the Reinstatement Form for this company reflecting the address changes for you to please verify and update your records accordingly. Moreover, we respectfully request for you to please waive the reinstatement fee imposed to this company due to the facts previously presented. We would really appreciate it.

Should you have further questions, please contact us at (786) 326-9378. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Sincerely,

x


KARLA PERDOMO
President