

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO 4000004185

1. Corporation Name

KAMS ENTERPRISES GROUP, INC.

RECEIVED

04-95

900055146429
05/23/05--01063--006 **300.00

2. Principal Office Address

1019 SW 13th Place

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI

City & State

N/A

Zip

33184

Country

MIAMI DADE

Zip

N/A

Country

N/A

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/31/2003

5. FEI Number

59-3775433

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

SUZETTE ZAMORA

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

1019 SW 137th PLACE

Suite, Apt. #, Etc.

N/A

City

MIAMI

State

FL

Zip Code

33184

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

Suzette Zamora
REGISTERED AGENT MUST SIGN

Date 5-11-05

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	SUZETTE ZAMORA	1019 SW 127 PLACE	MIAMI, FL 33184

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)(l), 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:

Suzette Zamora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-05 (786) 499-0929

Date

Daytime Phone #

CR2E081 (01/05)

PS 242

KAM'S ENTERPRISES GROUP, INC.
1019 S.W. 137TH PLACE
MIAMI, FLORIDA 33184

May 16, 2005

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

Dear Sir / Madam,

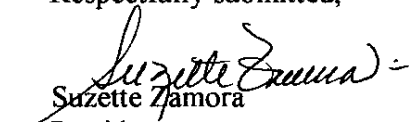
Please find enclosed our application for REINSTATEMENT, with our request of weaver for the following reasons:

-We did not receive notice for filing the Annual Corporation Report or a notice of dissolution effective October 1, 2004.

Enclosed our check in the amount of \$300.00 as required.

We will appreciate your consideration.

Respectfully submitted,


Suzette Zamora
President