

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 29 PM 1:42

DOCUMENT # **P04 0000 33712**

1. Corporation Name

Kms Tools, Inc.

REINSTATEMENT 05-06
05-06

2. Principal Office Address

2624 Crabapple Circle

3. Mailing Office Address

2624 Crabapple Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach Fla.

City & State

Boynton Beach FL

Zip

33436

Country

USA

Zip

33436

Country

USA

09/12/05 90003 042 \$ 150.00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/04

5. FEI Number

20 0716409

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

Kevin Snock

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

2624 Crabapple Circle

Suite, Apt. #, Etc.

City

Boynton Beach

State
FL

Zip Code

33436

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

X **Kevin Snock**

Date **9/18/06**

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
D/P	Snock, Kevin	2624 Crabapple Circle	Boynton Beach FL 33436

09/28/05 01051-009 **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:

X **Kevin Snock**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 702 4535
Daytime Phone #