

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAY 20 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000107973

1. Corporation Name

Kis Investments Inc

*WITNESS*

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

15145 se 175th street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Weirsdale

City & State

Florida

Zip

32195

Country

USA

Zip

32195

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/2006

5. FEI Number

~~22-3916937~~ 22-3916937

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

Robert Ives

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

15145 se 175th street

Suite, Apt. #, Etc.

City

Weirsdale

State

FL

Zip Code

32195

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 04/05/2010

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
Pres	Robert Ives	15145 se 175th street	Weirsdale, Fl. 32195
vpres	Barbara Kesten Selvaggio	15145 se 175 th street	Weirsdale, Fl. 32195

10. E-mail Address: rsi9544489206@gmail.com

(To be used for future annual report notification)

11. 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. I further certify 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]*

Robert Ives

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/2010 954-448-9206

Date

Daytime Phone #