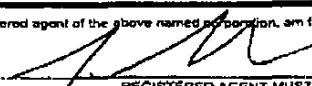
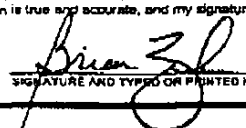


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEC 16 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P07000025095			
1. Corporation Name Koz, Inc.			
2. Principal Office Address - No P.O. Box # 1130 Campus Drive West Suite, Apt. #, etc.		3. Mailing Office Address 1130 Campus Drive West Suite, Apt. #, etc.	
City & State Morganville, New Jersey Zip 07751		City & State Morganville, New Jersey Zip 07751	
4. Date incorporated or Qualified To Do Business in Florida 2-26-07			
5. FBI Number 58-2324995		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 Kosinski, Gary Street Address (P.O. Box Number is Not Acceptable) 6000 Old Ocean Blvd. Suite, Apt. #, Etc. City Ocean Ridge, State FL Zip Code 33435			
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:  Date <u>12/15/08</u> 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
PSTD	Zucker, Brian	1130 Campus Drive West	Morganville, New Jersey 07751
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:  <u>Brian Zucker</u> <u>President</u> <u>12/15/08</u> <u>536-4646</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

REINSTATEMENT

((H08000274409 3)))

2 of 2

DEC 16 2008 9:54 AM FR PROSKAUER ROSE 561 241 7145 TO 9095#99999080#18 P.01

Florida Department of State
Division of Corporations
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From:

Account Name : PROSKAUER ROSE LLP
Account Number : 074673001063
Phone : (561)995-4704
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CORPORATION REINSTATEMENT

KOZ, INC.

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