

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000004473**

1. Corporation Name

K'S CUSTOM PRINTING, INC.

Principal Place of Business

Mailing Address

1999 JENSEN BEACH BLVD
JENSEN BEACH FL 34957
US

1999 JENSEN BCH BLVD
JENSEN BEACH FL 34957
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/14/1993

5. FEI Number

65-0380812

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PINNER, KAY	1999 JENSEN BEACH BLVD	JENSEN BEACH FL 34957
			100024713721 01/29/04--01062--002 **\$600.00
			100024713721 11/14/03--01075--015 **\$150.00
			100024713721 03/03/04--01051--012 **\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PINNER, KAY~~
~~1999 JENSEN BCH BLVD~~
~~JENSEN BEACH FL 34957~~

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Kay Pinner

REGISTERED AGENT MUST SIGN

Date

11-10-03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Kay Pinner KAY PINNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-03

Date

777-334-7796

Daytime Phone #

FILED

04 MAR -3 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2E040 (7/03)