

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010709

1. Corporation Name

KG SALES, INC.

200010076892
01/14/03--01054--004 **500.00

2. Principal Office Address

12360 66th Street North

Suite, Apt. #, etc.

Suite G

City & State

Largo, FL

Zip

33773

Country

USA

3. Mailing Office Address

12360 66th Street North

Suite, Apt. #, etc.

Suite G

City & State

Largo, FL

Zip

33773

Country

USA

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

02/10/1993

5. FEI Number

65-0388689

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Jaragoske, Richard P

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

12360 66th Street N

Suite, Apt. #, Etc.

Suite G

City

Largo

State
FL

Zip Code

33773

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

Richard P. Jaragoske

REGISTERED AGENT MUST SIGN

Date 1/27/03

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
PD	Richard P Jaragoske	2849 LaConcha Dr	Clearwater, FL 33762

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)(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:

Richard P. Jaragoske

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25 1/31

CR2E081 (9/01)