


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

2001 CORPORATION REINSTATEMENT <i>UBR</i>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000028412			
1. Corporation Name <i>K.M.S. ENTERPRISES, INC.</i>			
2. Principal Office Address <i>6091 S.W. 1st Street</i>		3. Mailing Office Address <i>6091 S.W. 1st Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Plantation, Fla</i>		City & State <i>Plantation, Fla</i>	
Zip <i>33314</i>	Country <i>BARBADOS</i>	Zip <i>33314</i>	Country <i>BARBADOS</i>

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <i>65-0481363</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent	
Name <i>MICHAEL J. KOWALSKI</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>6091 S.W. 1st Street</i>	
Suite, Apt. #, Etc. <i></i>	
City <i>Plantation</i>	State FL
Zip Code <i>33314</i>	

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 <i>Mike J. Kowalski</i>	Date <i>7/5/2001</i>
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
<i>DPVPS</i>	<i>MICHAEL J. KOWALSKI</i>	<i>6091 SW 1st Street</i>	<i>Plantation, Fla. 33314</i>

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: <i>Mike J. Kowalski</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>7/5/2001</i> Daytime Phone # <i>954/315-6706</i>

2 of 2

K.M.S. ENTERPRISES, INC
6091 SW 1ST STREET
PLANTATION, FLORIDA 33317

PHONE (954) 316-6706

July 5, 2001

Division of Corporations
Annual Reports Section
Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

Gentlemen;

In RE: K.M.S. ENTERPRISES, INC
2001 Uniform Business Report Document P94000028412.

I met with my accountant today and he found that I had not renewed my 2001 Corporation with you, I never received the annual report form application, I went thru a divorce and I was living out of my residence for over 6 months, please find enclosed a check for \$ 150.00 and my 2001 reinstatement form.

Please abate any penalties you may impose.

Sincerely Yours;

Mike J. Kowalski
Michael J. Kowalski
Company President