

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002
CORPORATION
REINSTATEMENT
UAR



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

FILED

02 OCT 22 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028412

1. Corporation Name

K. M. S. ENTERPRISES, INC.

2. Principal Office Address

6091 S.W. 1st Street

3. Mailing Office Address

6091 S.W. 1st St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, Fla

City & State

Plantation, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

300008519463
10/22/02--01107--001 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

4-14-94

5. FEI Number

65-0481363

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

Michael J. Kowalski

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

6091 S.W. 1st Street

Suite, Apt. #, etc.

City

Plantation

State

FL

Zip Code

33314

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

Michael J. Kowalski

Date 10-15-02

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
PRES	Michael J. Kowalski	6091 S.W. 1st Street	Plantation, FL 33314

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Kowalski
MICHAEL J. KOWALSKI
President

Date

10-16-02

Daytime Phone #

(954)

316-6706

CR2E081 (9/01)

10/24/02

K.M.S. ENTERPRISES, INC
6091 SW 1ST STREET
PLANTATION, FLORIDA 33314
PHONE (954) 316-6706

October 15, 2002

Florida Department of State
Division of Corporations
Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

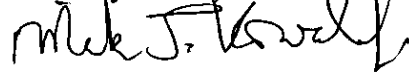
In RE: 2002 Corporate Reinstatement
Uniform Business Report Document P94000028412

I met with my accountant today and he found that I had not renewed my Uniform Business Report FOR THE YEAR 2002. . Please be advised that I never received the annual report form application.

Please find enclosed a check in the amount of \$ 150.00 for the above year.

Due to the circumstances above, I hereby request that you abate any penalties you may impose.

Sincerely Yours;



Mr. Michael J. Kowalsky
Company President