PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P94000081926 DOCUMENT

1. Corporation Name

FKS INTERNATIONAL. INC.

2. New Principal Office Address, If Applicable

4814 Cherry Laurel Circle

Principal Place of Business

5556-BRIAR CREEK-WAY-

SARASOTA FL-04295

City & State

Mailing Address

5656-BRIAR CREEK WAY SARASOTA FL 94295

3. New Mailing Office Address, If Applicable

4814 Cherry Laurel Circle

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



FILED

02 OCT 25 PM 3: 13

SEGNETARY OF STATE TALLAHASSEE, FLORIDA

| 2002 | UBR |
|--|------------|
| Date Incorporated or Qualified To Do Business in Florida | 11/08/1994 |

5. FEI Number

65-0528467

Applied For Not Applicable

| | 11 43 | 34241 | [43] | OF THE OF STATOS DESIRED | for a Certificate of Status | |
|---|---|----------------------------|---|--------------------------------------|-----------------------------|--|
| 7. Names | and Street Addresses of Each Officer and/o | r Director (Florida nonpro | ofit corporations must list at leas | st 3 directors) | <u> </u> | |
| Title(s) | Name of Officers and/or Directors | 3 | Street Address of Each Officer and/or Director | | City / State / Zip | |
| D | SHEA, PATRICK A | | HAR CREEK WAY Cherry lawrel Cric | SAFIASOTA-FL-8423 | SG195074 FL 84235 | |
| D | SHEA, SUZANNE | 556 6 BF | Cherry Laurel Circu | SARASOTA FL 3423 | | |
| | | | · | 600008591 10725/0201046001 | 516 **!50.00 | |
| - | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | 9. Name and Address of New Registere | ed Agent | |
| 5556 BI | PATRICK A RIAR CREEK WAY OTA FL 34235 | | Name Shea | D. Box Number is Not Acceptable) | a Agent | |

City Darasota

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

REGISTERED AGENT MUST SIGN

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500

FKS International, Inc.

4814 Cherry Laurel Circle Sarasota, Florida 34241 941-923-2914 www.gofks.com

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Mr. Jim Smith:

This letter will server as FKS International, Inc. request for reinstatement fee waived if the corporation did not receive the two prior uniform business report (UBR) notices.

Also please not that FKS International, Inc. has a new mailing address:

FKS International, Inc. 4814 Cherry Laurel Circle Sarasota, FL 34241

Office phone number: 941-923-2914

Sincerely,

Patrick A. Shea

Executive Vice President