

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT



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

FILED

02 NOV 22 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UBR #6

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11/20/02--01014--002 **150.00

DOCUMENT # P95000032939

1. Corporation Name
KK MUSIC SERVICE, INC.

Principal Place of Business Mailing Address
1025 SO. L STREET 1025 SO. L STREET
LAKE WORTH FL 33460 LAKE WORTH FL 33460
US 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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/24/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0593453	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	KOTTONER, KYOSTI	958 S DIXIE HWY	LANTANA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOTTONEN, KYOSTI
1025 SO. L STREET
LAKE WORTH FL 33460

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

REGISTERED AGENT MUST SIGN

Date 11-11-02

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-02

Date Daytime Phone #

CR2040 (8/02)

292

KK MUSIC SERVICE, INC.
1025 SO. L STREET
LAKE WORTH, FL. 33460

NOVEMBER 11, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO. BOX 6327
TALLAHASSEE, FL. 32314-6327

DEAR SIR / MADAME;

WHILE I WAS AWAY IN EUROPE THIS LAST SPRING / SUMMER THE
POST OFFICE DID NOT DELIVER MY MAIL. I DID NOT GET THE UNIFORM
BUSINESS REPORT ON TIME.
ENCLOSED PLEASE FIND THE REINSTATEMENT REPORT ALONG WITH A
\$ 150.00 CHECK FOR THE ANNUAL FEES.
IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT ME
AT THE ADDRESS PROVIDED ABOVE.

SINCERELY,



KYOSTI KOTTONEN, PRESIDENT