

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

800009094598
11/20/02--01014--002 **150.00

DOCUMENT # P95000032939

1. Corporation Name

KK MUSIC SERVICE, INC.

Principal Place of Business

1025 SO. L STREET
LAKE WORTH FL 33460
US

Mailing Address

1025 SO. L STREET
LAKE WORTH FL 33460
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1995

5. FEI Number

65-0593453

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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

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

9. Name and Address of New Registered Agent

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

[Signature]
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-11-02

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