

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

915

FILED

97 APR 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000062681**

1. Corporation Name

KMA ENTERPRISES, INC.

Principal Place of Business

2337 PEBBLE BROOK RD
KISSIMMEE FL 34741

Mailing Address

2337 PEBBLE BROOK RD
KISSIMMEE FL 34741

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

2. New Principal Office Address, If Applicable

2363 QUEENSWOOD
Suite, Apt. #, etc. **CIRCLE**

3. New Mailing Office Address, If Applicable

2363 QUEENSWOOD
Suite, Apt. #, etc. **CIRCLE**

4. Date incorporated or Qualified
To Do Business in Florida

08/14/1995

5. FEI Number

59-3332810

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	BHUIYAN, ABDUL A	2337 PEBBLE BROOK RD	KISSIMMEE FL 34741

100002143521-8

04/15/97-010497-015

****915.00 ****915.00

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8. Name and Address of Current Registered Agent

BHUIYAN, ABDUL A
2337 PEBBLE BROOK RD
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name

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

2363 QUEENSWOOD CIRCLE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34743

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.

Signature of
Registered Agent

X Abdul A. Bhuiyan
REGISTERED AGENT MUST SIGN

Date **4-10-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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: **X Abdul A. Bhuiyan** **ABDUL A. BHUIYAN** **4-10-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #