

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 12:20

DOCUMENT # P95000097613

1. Corporation Name

KITS INTERNATIONAL, INC.

Principal Place of Business

4712 N. HESPERIDES
TAMPA FL 33614-6953

Mailing Address

4712 N. HESPERIDES
TAMPA FL 33614-6953



REINSTATEMENT

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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

01/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3356987

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BIEDRZYCKI, DONALD P	4712 N. HESPERIDES	TAMPA FL 33614
D	BIEDRZYCKI, DONALD P JR.	2316 FLETCHER'S POINT CIRCLE	TAMPA FL 33613

300003463403-7
-11/14/00-01088-007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BIEDRZYCKI, DONALD P
4712 N. HESPERIDES
TAMPA FL 33614-6953

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.

Signature of
Registered Agent

Donald P. Biedrzycki
REGISTERED AGENT MUST SIGN

Date 10/23/2000

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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald P. Biedrzycki
DONALD P. BIEDRZYCKI 10/23/2000 (813) 876-3047

Date

Daytime Phone #

CR2E040 (8/00)