

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000097613

1. Corporation Name

KITS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

4712 N. HESPERIDES
TAMPA FL 33614-6953

4712 N. HESPERIDES
TAMPA FL 33614-6953



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

4511 E. Osborne Ave

Suite, Apt. #, etc.

Suite 1

City & State

Tampa, FL

Zip

33610

Country

USA

3. New Mailing Office Address, If Applicable

4511 E. Osborne Ave

Suite, Apt. #, etc.

Suite 1

City & State

Tampa, FL

Zip

33610

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1996

5. FEI Number

59-3356987

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
D	BIEDRZYCKI, DONALD P	4712 N. HESPERIDES Suite 1 4511 E. Osborne Ave	TAMPA FL 33614 33610
D	BIEDRZYCKI, DONALD P JR.	2316 FLETCHER'S POINT CIRCLE	TAMPA FL 33613
			000004677350--3 -11/13/01--01091--023 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

BIEDRZYCKI, DONALD P

4712 N. HESPERIDES 4511 E. Osborne Ave.

TAMPA FL 33614-6953

Suite 1

Tampa, FL 33610

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 10/24/01

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:

Donald P. Biedrzycki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01 813 876 3047

Date

Daytime Phone #

CR2040 (8/01)