

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 20 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016791

1. Corporation Name

KS MANAGEMENT GROUP, INC.

Principal Place of Business

6538 COLLINS AVE
MIAMI BEACH FL 33496
US

Mailing Address

6538 COLLINS AVE
MIAMI BEACH FL 33496
US

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

2. New Principal Office Address, If Applicable

6278 N. Federal Highway

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1996

5. FEI Number

65-0657473

Applied For

Not Applicable

City & State

FT. LAUDERDALE, FL 3

City & State

Zip 33308 Country USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
D	KOFF, ERIC	2801 N OAKLAND FOREST DR #308	OAKLAND PARK FL
D	SINGER, DAVID	3425 NW 48TH ST #202 BLDG 14	FT LAUDERDALE FL
D	KOFF, OWEN	6250 NW 42ND WAY	BOACA RATON FL
D	KOFF, ERIC	12346 NW 55th Avenue	Coral Springs FL 33076
D	Singer, David	5362 NW 121 Avenue	Coral Springs FL 33076

8. Name and Address of Current Registered Agent

KOFF, OWEN
6538 COLLINS AVE
MIAMI BEACH FL 33496

9. Name and Address of New Registered Agent

Name OWEN KOFF
Street Address (P.O. Box Number is Not Acceptable)
6278 N. Federal Highway
Suite, Apt. #, Etc.
City FT. LAUDERDALE State FL Zip Code 33308

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

[Signature]

REQUIRED

Date 10/20/99

REGISTERED AGENT MUST SIGN

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]

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99

Date

954-772-2264

Daytime Phone #