	PLEASE READ				OMPLET	ING THISIFORM!	1 pg 10/12	
AP ASIM	PLICATION COTATEINENT		A DEPARTME Sandra B. Mor Secretary of S IVISION OF CORPO	r tham State		FALEO 97 NOV 19 PM	3: 4: 1	
. Corpor	UMENT # P9600 ation Name IDUSTRIES, INC.	004075		AR		SECRETARY OF TALLAHASSEE, FI	STATE LORIDA	
Principal Place of Business Mailing Address 351 S.E. FIDDLEWOOD LANE 7351 S.E. FIDD OBE SOUND FL 33455 HOBE SOUND			DLEWOOD LANE					
	1 Camp Drive		ing Office Address, If	Applicable	5. FEI Numbe もよって 6.) 18018H	Applied For Not Applicable 75 Additional Fee required or a Certificate of Status	
7. Names Title(s)	and Street Addresses of Each Officer an Name of Officers and/or Directors		orida nonprofil corpore	ations must list at lea reet Address of Each ficer and/or Director	l	City / St	oto / 7io	
)	FAGAN, KEVIN S		3 (Do NOT Use Post Office Box N 7351 S.E. FIDDLEWOOD LANE			HOBE SOUND FL 33455		
· · · · · · · · · · · · · · · · · · ·		ANA SE ANTIFE I PROPERTY			5	0002353 -11/20/971 ****165.00	####165.00	
•	8. Name and Address of Curren	t Registered Age	ent	<u> </u>	9. Name and	11 19 194- Address of New Registered	Agent	
FAGAN, KEVIN S *7351-S.E. FIDOLEWOOD LANE HOBE SOUND FL 33455				Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City State Zip Code				
I 0. I, bei r Signature Registere	of d Agent	ove named corp	oration, am familiar w	thand accept the ol	bligations of Sec] FL tion 607.0505, F.S.	1341733	
	nis corporation owes or h tangible Personal Prope			ar Yes 🛚	No 🗌		le for information ngible 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 eath. SIGNATURE: SIGNATURE AND TYPED OR PRINTER MARKE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date



Business Blocks, Inc.

Accounting, Tax and Consulting Services

7601 N. Florida Avenue Citrus Springs, Florida 34434 (352) 465-4600 Fax (352) 465-1359

September 23, 1996

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

RE: Document #P96000040750, Corporate Reinstatement

KSH Industries Inc. received the application of reinstatement as of September 26, 1997. This was the first notice they received. The address was incorrect which probably caused the problem.

Enclosed is the signed reinstatement document with their check for \$165, the actual cost of the Corporate Annual Report. We ask that the penalty and late fee be waived since the original documents were never received.

The F1120-Fla. Corporate Income Tax return and the DR-601C Intangible Tax return was completed and filed in September, 1997.

If you have any question, please contact us at 352-465-4600. Thank you for your cooperation in this matter.

Respectfully submitted,

Business Blocks, Inc.

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