

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 DEC 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97 0000 23268

1. Corporation Name

KHS AUTO SALES INC

2. Principal Office Address

18760 NE 18 Ave

Suite, Apt. #, etc.

apt. 234

City & State

N. Miami Beach

Zip

33179

Country

USA

3. Mailing Office Address

18760 NE 18 Ave

Suite, Apt. #, etc.

Apt. 234

City & State

N. Miami Beach

Zip

33179

Country

REINSTATEMENT

03-04
MPS

4. Date Incorporated or Qualified
To Do Business in Florida

3-10-1997

5. FEI Number

65-0740155

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Szabo Zsolt

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

18760 NE 18 ave

Suite, Apt. #, Etc.

Apt. 234

City

Miami

100044539231

01/11/05--01048--019 **908.75

State

FL

Zip Code

33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 12.21.2004.

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDS	SZABO ZSOLT	18760 NE 18 Ave Apt. 234	Miami FL 33179

10. 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]

SZABO ZSOLT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.21.2004

Date

786-663-0618

Daytime Phone #

CR2E081 (01/04)