

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000091226

1. Corporation Name

K SPORT TEXTILE GROUP INC.

Principal Place of Business

945 W 74TH PLACE  
MIAMI FL 33014  
US

Mailing Address

345 W 74TH PLACE  
MIAMI FL 33014

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

2. New Principal Office Address, If Applicable

1950 W. 84th ST

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

3. New Mailing Office Address, If Applicable

1950 W. 84th ST

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/1997

5. FEI Number

65-0797646

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KAPLAN, WARREN	1355 BISCAYA DRIVE	SURFSIDE FL 33154
D	KAPLAN, ADA M	1355 BISCAYA DR	SURFSIDE FL 33154

8. Name and Address of Current Registered Agent

KELLEY, CHRISTOPHER P  
11098 BISCAYNE BLVD  
SUITE 205  
MIAMI FL 33161

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/6/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/03

Daytime Phone #

305 819 7888 x101

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 20 PM 3:05

REINSTATEMENT

03-04



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01/20/04--01006--005 \*\*150.00

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