

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN -2 PM 1:45

DOCUMENT # **P97000100933**

**1. Corporation Name**

**KISSAVOS Holdings Inc.**

**2. Principal Office Address**

**2031 Palm Beach  
Lakes Blvd**

Suite, Apt. #, etc.

City & State

**West Palm Beach, FLA**

Zip

**33409**

Country

**USA**

**3. Mailing Office Address**

**Same**

Suite, Apt. #, etc.

City & State

**REINSTATEMENT 00-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12/1/97**

**5. FEI Number**

**65 0823 926**

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

**Gus Perchem Inc. P.A.**

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

**440 East Sample Road**

Suite, Apt. #, Etc.

**Suite 202**

City

**Pompano Beach Fla**

State  
**FL**

Zip Code

**33064**

**000003534150-2**  
**-01/12/01--01009--024**  
**\*\*\*\*750.00 \*\*\*\*750.00**

**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

**Gus Perchem**  
REGISTERED AGENT MUST SIGN

Date **12/28/00**

**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
Pres	Kathy Maggas	2031 Palm Beach Lakes Blvd	West Palm Beach FLA. 33409
			<b>000003534150-2</b> <b>-01/12/01--01009--025</b> <b>****150.00 ****150.00</b>

**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:

**Kathy Maggas Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/28/00 561-616-9200**  
Date Daytime Phone #