

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 24 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000104543**

1. Corporation Name

KKSM, INC.

Principal Place of Business

Mailing Address

4917 NW 110 TERRACE
CORAL SPRINGS FL 33076

4917 NW 110 TERRACE
CORAL SPRINGS FL 33076

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

2. New Principal Office Address, If Applicable

4700 Sheridan St

Suite, Apt. #, etc.
Bldg N

City & State
Hollywood FL

Zip
33021

Country
USA

3. New Mailing Office Address, If Applicable

4700 Sheridan St

Suite, Apt. #, etc.
Bldg N

City & State
Hollywood FL

Zip
33021

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1997

5. FEI Number

65-0802062

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03



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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	SOSA, SAMUEL	4917 NW 110TH TERR	CORAL SPRINGS FL 33076
VP	Kaufman, Dana	4700 Sheridan St Bldg N	Hollywood, FL 33021
		#	100024380581 11/03/03--01062--027 **750.00

8. Name and Address of Current Registered Agent

KAUFMAN, DANA M
4700 SHERIDAN ST
BLDG N
HOLLYWOOD FL 33021

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 10/20/03

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

10/20/03
Date

954-944-7462
Daytime Phone #

CR2E040 (7/03)