

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 15 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000052057

1. Corporation Name

KSK ENTERPRISES, INC.

2. Principal Office Address

401 BISCAYNE BLVD PO BOX 331231

Suite, Apt. #, etc.

C-21 ATTN: DOCK MASTERS

City & State

MIAMI FL

Zip

33132

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0842511

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7000009176937
11/22/02--01092--003 **150.00

7. Name and Address of Current Registered Agent

Name

KAMYAB KAZEROUNI

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

401 BISCAYNE BLVD C-21

Suite, Apt. #, Etc.

ATTN: DOCK MASTERS

City

MIAMI

State
FL

Zip Code

33132

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

Kamyab M Kazerouni

REGISTERED AGENT MUST SIGN

Date

11-04-02

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.	KAMYAB KAZEROUNI	401 BISCAYNE BLVD. MIAMI FL 33132	FL 33132

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:

Kamyab M Kazerouni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-4-02 786-277-4969

Daytime Phone #

CR2E081 (8/01)

11-4-02

To whom it may concern:

This letter is to explain why my information is on a Reinstatement form instead of a Uniform Report. I never received a U.R.L. form + when I tried to get it off the net. It was not available. So when I spoke w/ a rep they said to write this letter attach to the reinstatement form + ck for \$150.00 was sufficient. Please call if there is any further problems.

Sincerely,

Kamylab mbezes