PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 5:46

DOCUMENT # P98000089562

1. Corporation Name

KEN KIJOWSKI, INC.

Principal Place of Business	Mailing Address
13875 OAK FOREST BLVD. SOUTH SEMINOLE FL 33776	13875 OAK FOREST BLVD. SOUTH SEMINOLE FL 33776

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
13700 Mission Oaks Blvd.	13700 Mission Oaks Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Seminole FL.	
City & State	City & State
	Seminole FL.
Zip 33776 Country Pinellas	Zip 33776 Country Pinellas.

4. Date Incorporated or Qualified To Do Business in Florida: 10/19/1998

5. FEI Number: 59-3539505 ☐ 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
P	KIJOWSKI, KEN	13875 DAIL FOREST BLVD. S.	SEMINOLE FL 33776
			400004670514--7 -11/07/01--01033--009 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KIJOWSKI, KEN 13875 OAK FOREST BLVD. SOUTH SEMINOLE FL 33776	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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.

Signature of Registered Agent SIGNATURE REQUIRED Date 10-16-01

REGISTERED AGENT MUST SIGN

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 REQUIRED 10-16-01 727-504-4053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10.16.01 283

Dear Sir:

This is a request to reinstate, Ken Kijowski, Inc # 593539505.

On Nov. 1, 2000, Ken Kijowski Inc. Changed mailing address. At that time a Letter was sent to Florida's Division of Corporations to change the corporations mailing address. The new address is 13720 Mission Oaks Blvd. Seminole FL 33776. I was directed to change the mailing address by my Accountant Paul Neil Mott. We never received notification from the State regarding our 2001 annual report or business report.

We received notice that the form weren't