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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

2000-2001 UBR

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

01 JAN 16 PM 2:22

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P99000003835

KOL.COM INC.  
8221 GLADES ROAD  
BOCA RATON, FL 33434

2. If Address in Block 1 is incorrect, in any way, enter the correct address below:

Address  
7775 GLADES ROAD  
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address  
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0886505

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MARC KRAVIT	7775 GLADES ROAD	BOCA RATON, FL 33434
			000003568390--3 -01/24/01--01002--027 ****150.00 ****150.00
			000003568390--3 -01/24/01--01002--028 ****150.00 ****150.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

MARC KRAVIT  
8221 GLADES ROAD  
BOCA RATON, FL 33434

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

7775 GLADES ROAD

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL

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

REGISTERED AGENT MUST SIGN

Date 12/18/00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date 12/18/00

Daytime Phone # 561-482-1000

Typed or printed name of signing officer or director

Marc Kravit