

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 16, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P 99000014807

1. Corporation Name

K.S.N., INC.

2. Principal Office Address

5800 NW 60 St

Suite, Apt. #, etc.

3. Mailing Office Address

5800 NW 60 St.

Suite, Apt. #, etc.

City & State

Parkland Fla.

City & State

Parkland Fla.

Zip 33067

Country

Broward

Zip

33067

Country

Broward

4. Date Incorporated or Qualified To Do Business in Florida

2-12-99

5. FEI Number

659043431

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

Ljiljana Krslovic

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

5800 NW 60 St.

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067

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

Ljiljana Krslovic

Date

7-14-03

REGISTERED AGENT MUST SIGN

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
PSTO	Ljiljana Krslovic	5800 NW 60 St.	Parkland, FL 33067
VP	Kruno Krslovic	5800 NW 60 St.	Parkland, FL. 33067
		01-03 UBR	TS

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: Ljiljana Krslovic Ljiljana Krslovic 7-14-03 984-345-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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**K.S.N Inc.
5800 N.W. 60th st.
Parkland, Fl. 33067
(954) 345-3500**

7/14/2003

To whom it may concern:

My name is Ljiljana Krslovic, i'm the president of K.S.N. Inc. registered Florida Corp. document # P994014807. All my paper work was being done by my accountant, I taught the accountant was taking care of my corporate papers as well. I have reacently found out from one of my customers that my corporation was inactive for past few years. I can not recall receiving any reinstatement papers. I would appreciate if if the State could wave the reinstatement fees.

Thank you



Ljiljana Krslovic