

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 18 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000067628

1. Corporation Name NKS, Inc.

2. Principal Office Address

1100 N Main Street

Suite, Apt. #, etc.

Suite 100

City & State

Belle Glade, FL

Zip

33430

Country

USA

3. Mailing Office Address

1100 N Main Street

Suite, Apt. #, etc.

Suite 100

City & State

Belle Glade, FL

Zip

33430

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-1-99

5. FEI Number

65-0937447

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

Richard L. Heffernan CPA

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

P.O. Box 617

Suite, Apt. #, Etc.

City

Pahokee

State

FL

Zip Code

33476

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

Richard L. Heffernan

REGISTERED AGENT MUST SIGN

Date 09-13-02

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.	Kendra Thomas	500 NE 1st Street	Belle Glade, FL 33430
V. Pres	Scott Berkowitz	1240 Stillwell Rd.	Belle Glade, FL 33430

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:

Kendra Thomas

PRESIDENT
KENDRA THOMAS

09-13-02

(561)996-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

RICHARD L. HEFFERNAN, P.A.

CERTIFIED PUBLIC ACCOUNTANT

P. O. BOX 617

2911 EAST MAIN STREET

PAHOKEE, FLORIDA 33476

(561) 924-7989

FAX (561) 924-7450

MEMBER

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER

NATIONAL SOCIETY OF
TAX PROFESSIONALS

Florida Dept. of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

September 13, 2002,

RE: NKS, Inc. -
Document# P99000067628

Dear Sir/Madam:

Taxpayer filed Articles of Incorporation of NKS, Inc. on July 29, 1999.

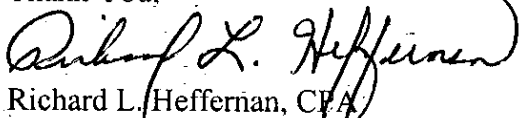
When the annual Corporate report was mailed to the taxpayer, the address was listed as 1100 N. Main Street, Belle Glade, FL 33430. The correct address should have been shown as 1100 N. Main Street Suite 100. The taxpayer had the same address for the registered agent. We think the form was not delivered by the post office because of the incomplete address.

The taxpayer never received the report and did not know that the Corporation had been dissolved until earlier this week.

I called Tallahassee and was told that we needed to file the reinstatement form along with a check in the amount of \$ 450.00.

If you have any questions regarding this matter, please do not hesitate to contact my office.

Thank You,



Richard L. Heffernan, CPA
RICHARD L. HEFFERNAN, P.A.