

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094926

1. Corporation Name

KIT GLOVES MANAGEMENT, INC.

2. Principal Office Address

1175 No. Shore Dr.

3. Mailing Office Address

1175 No. Shore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1999

5. FEI Number

65-0957457

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

Chris Grentner

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

1175 North Shore Drive

Suite, Apt. #, Etc.

City

Miami Beach,

State

FL

Zip Code

33141

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

REGISTERED AGENT MUST SIGN

Date

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

PSTD

Chris Grentner

1175 North Shore Drive

Miami Beach, FL 33141

01-02 UBR 78

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:

, Chris Grentner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAUL O. SERRANO, JR., P.A.

CERTIFIED PUBLIC ACCOUNTANT

SUITE 317, THE WHITTAKER BUILDING
1065 NORTHEAST 125TH STREET
NORTH MIAMI, FLORIDA 33161
(305) 893-0763
(305) 892-6013 FAX

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MEMBER OF:
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

January 25, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: **Kit Gloves Management, Inc.**
P99000094926

Gentlemen:

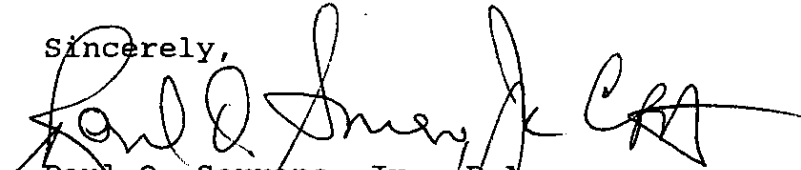
Please be advised that it has come to our client's attention that the 2001 Uniform Business Report for Kit Gloves Management, Inc., was not timely filed.

Please be further advised that the mailing address for said corporation is the home address of its officer, Mr. Chris Gretnier. Please be further advised that said home has been under renovation, with no one residing at said address, and the mail being sent to said address has sometimes gone undelivered. Therefore, since our client did not receive the filing package for the corporation, the 2001 report was not filed and he became aware of said non-filing after meeting with us.

Accordingly, please accept our client's inexperience for said filing requirement as reasonable cause in order to abate the penalty assessed and accept our client's check in the sum of \$300.00, which is enclosed herein, for the filing of the 2001 and the 2002 Uniform Business Reports for Kit Gloves Management, Inc., and the reinstatement herein.

Thank you for your prompt attention and anticipated cooperation in this matter. If you should have any questions or should need any additional information, please do not hesitate to contact our office.

Sincerely,


Raul O. Serrano, Jr., P.A.
Certified Public Accountant

SS

Enclosures

cc: Kit Gloves Management, Inc.