

PLEASE READ ALL INSTRUCTIONS BEFORE C

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V28034**

1. Corporation Name

Kos Development Inc

2. Principal Office Address

2505 TIDNOTOSASSARD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite # 178

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Zip

33563

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/92?

5. FEI Number

59-3122512

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

DAVID C. OSBORNE

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

1419 SANDALWOOD DR.

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33563

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

Date

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
PRES	DAVID C. OSBORNE	1419 SANDALWOOD DR.	Plant City, FL 33563

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:

David C. Osborne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. OSBORNE

12/29/04

Date

913-299-1451

Daytime Phone #

CR2E081 (01/04)