

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC 15 AM 8:11

DOCUMENT # F03000001050

1. Corporation Name
KaBOOM!, Inc.

2. Principal Office Address - No P.O. Box #
4301 Connecticut Avenue, NW

Suite, Apt. #, etc.
Suite ML-1

City & State
Washington, DC

Zip Country
20008 USA

3. Mailing Office Address
Sandra Woodward, Labyrinth, Inc.
1808 Aston Avenue, Suite 230

Suite, Apt. #, etc.

City & State
Carlsbad, CA

Zip Country
92008 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
4/10/1996

5. FEI Number
52-1970904
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
InCorp Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
17888 67th Court North
Suite, Apt. #, Etc.

City State Zip Code
Loxahatchee FL 33470

500280081215
12/15/15--01016--003 **358.75

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 See attached statement
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 |
|------------|-----------------------------------|--|----------------------|
| President | James Siegal | 4301 Connecticut Avenue, NW, Suite ML-1 | Washington, DC 20008 |
| VP Finance | Carlyne Cardichon | 4301 Connecticut Avenue, NW, Suite ML-1 | Washington, DC 20008 |
| CFO | George T. Megas | 4301 Connecticut Avenue, NW, Suite ML-1 | Washington, DC 20008 |

DEC 15 2015

R. HUNT

REINSTATEMENT

10. E-mail Address: sandra@labyrinthinc.com

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: George T. Megas
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

202-659-0215

Date

Daytime Phone #



2360 Corporate Circle, Suite 400
Henderson, NV 89074

Phone 702.866.2500
Toll-Free 800.2.INCORP (1-800-246-2677)
Fax 702.866.2689

www.incorp.com

October 26, 2015

Corporations Division

Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Incorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67th Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **KaBOOM!, Inc.** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

INCORP SERVICES, INC.

A handwritten signature in black ink that reads 'Jackie DeFilippis'. The signature is written in a cursive style with a large, looping initial 'J'.

Jackie DeFilippis, Processor on behalf of Incorp Services, Inc.

DEC 1 5 2015

R. HUNT