

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

99 MAR

FILED

99 OCT 19 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009096

1. Corporation Name

KIRMS COMMUNICATIONS, INC.

Principal Place of Business

927 OVERBROOK PL.  
WEST PALM BEACH FL 33413

Mailing Address

927 OVERBROOK PL.  
WEST PALM BEACH FL 33413

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

209 TALL PINES RD

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/31/1995

5. FEI Number

65-0551548

Applied For

Not Applicable

City & State  
WEST PALM BEACH FL

City & State

Zip  
33413

Country  
USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KIRMS, HARRY W JR.	927 OVERBROOK PL. 209 TALL PINES RD	WEST PALM BEACH FL 33413
			600003026936--3 -10/27/99--01093--006 ****150.00 ****150.00
			TS

8. Name and Address of Current Registered Agent

KIRMS, HARRY W JR.  
927 OVERBROOK PL.  
WEST PALM BEACH FL 33413

9. Name and Address of New Registered Agent

Name HARRY W KIRMS JR  
Street Address (P.O. Box Number is Not Acceptable)  
209 TALL PINES RD  
Suite, Apt. #, Etc.  
City WEST PALM BEACH State FL Zip Code 33413

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-12-99

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY W KIRMS JR 10-12-99 561 684 6377

Date

Daytime Phone #



**KIRMS COMMUNICATIONS INC.**  
**209 TALL PINES RD WEST PALM BEACH FL 33413**

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10/12/99

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**Please be advised that I Harry W Kirms Jr, have not received any of the 2 notice's to reinstate my license due to change in address.**

**My new address is 209 Tall Pines Rd West Palm Beach Fl 33413**

**I am also aware that I will be responsible to renew my license every year even without the notice.**

**Please reinstate my license and we will make sure of our renewals**

**Thank you,**

**Harry W Kirms Jr**

**President of Kirms Communications Inc.**