PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR -3 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S70487

1. Corporation Name
Kathleen Paul Inc

900015284639
04/03/03--01025--024 **450.00

2. Principal Office Address
2695 No. Military Trail

Suite, Apt. #, etc.

City & State
West Palm Bch FL

Zip 33409 Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/91

5. FEI Number 65-0272762 ☐ 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
Paul DeSpuma

Street Address (P.O. Box Number is Not Acceptable)
3206 Black Oak Court

Suite, Apt. #, Etc.
Boynton Beach

City State FL Zip Code 33436

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 Paul DeSpuma Date 3/27/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	P. DeSpuma	3206 Black Oak Ct. Boynton Bch FL	Boynton Bch FL 33436
VP	L. DeSpuma	" "	" " "
TRES	V. DeSpuma	" "	" " "
Secy	P. DeSpuma	501 Pierce St.	Storm Lake, IA 50588

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: Paul DeSpuma 3/27/03 561 640-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #