

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY 10 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016333**

1. Corporation Name

KIMARA ENTERPRISES, Inc.

2. Principal Office Address

3309 QUAIL CLOSE

Suite, Apt. #, etc.

A 3309

City & State

POMPAHO BEACH, FL

Zip

Country

33064

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 96-00

4. Date Incorporated or Qualified
To Do Business in Florida

3-3-93

5. FEI Number

65-0393616

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

STEPHEN L. ZIMMERMAN, ESQ

300003284433-1

-06/12/00--01026--013

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

737 E. ATLANTIC BLVD.

*****1350.00 ***1350.00**

Suite, Apt. #, Etc.

City

POMPAHO BEACH,

State

FL

Zip Code

33060

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 **5-8-00**

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

P/S/H/D.

MARY CHIMERA

3309 QUAIL CLOSE

POMPAHO BEACH, FL 33064

LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-8-00 (951) 782-9895

Daytime Phone #

CR2E081 (9/19)