

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 307852

1. Corporation Name

KIMBERLEY HOMES, INC.

FILED

97 APR -7 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

410 W. Wheeler Rd.
Seffner, FL 33584

P. O. Box 279
Seffner, FL 33584

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

2. New Principal Office Address, If Applicable

~~522 W. Wheeler Road~~
~~Suite, Apt. #, etc.~~

3. New Mailing Office Address, If Applicable

~~522 W. Wheeler Road~~
~~Suite, Apt. #, etc.~~

City & State

Seffner, FL

Zip

33584

Country

US

City & State

Seffner, FL

Zip

33584

Country

US

4. Date Incorporated or Qualified
To Do Business In Florida

08/03/1966

5. FEI Number

59-1151611

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Dir & Pres	Albert Ramos	522 W. Wheeler Road	Seffner, FL 33584

500002138165--7
-04/09/97--01101--002
***1697.50 ***1697.50

4/2/97

8. Name and Address of Current Registered Agent

Albert Ramos
522 W. Wheeler Road
Seffner FL 33584

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Albert Ramos

REGISTERED AGENT MUST SIGN

Date 4/2/1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Albert Ramos

ALBERT RAMOS

4-2-1997

(813)681-8759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)