PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F-00000005000

1. Corporation Name
Kashm, Inc,

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
249 Carisbrooke Street	249 Carisbrooke Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocoee	City & State: Ocoee
Zip: 34761 Country: Orange	Zip: 34761 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: 3/24/2000

5. FEI Number: 582537205 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Lawrence W. Stalvey

700021239367
07/01/03--01042--002 **900.00

Street Address (P.O. Box Number is Not Acceptable): 249 Carisbrooke Street

Suite, Apt. #, Etc.

City: Ocoee State: FL Zip Code: 34761

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: Lawrence W. Stalvey
REGISTERED AGENT MUST SIGN

Date: 06/24/03

DR2EDIT (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
P	Lawrence W. Stalvey	249 Carisbrooke Street	Ocoee, FL 34761
V	Bridget E. Stalvey	249 Carisbrooke Street	Ocoee FL 34761
D	Jan M. Rivenbark	4107 Foxcroft Road	Charlotte, NC 28211

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: Lawrence W. Stalvey — Lawrence W. Stalvey — 06/24/03 — (407) 492-7812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 7/7