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PLEASE READ ALL INSTRUCTIONS BEFORE COMF

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F0300000 4863**

1. Corporation Name

K-MAR INDUSTRIES

2. Principal Office Address

10401 BONEY AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

City & State

D'IBERVILLE, MS

City & State

Zip

39540

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2003

5. FEI Number

51-0319001

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-05
MRS

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

900051554209

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Carla Lohi

Carla Lohi

Asst. Vice President

Date

4-21-05

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
PRES	KENNETH LEE	15409 SEQUOIAH AVENUE	BILOXI, MS 39532
VP	JAMES WILLIAMS	105 ST ANDREWS DRIVE	OCEAN SPRINGS, MS 39564
SEC	JUDITH LEE	15409 SEQUOIAH AVENUE	BILOXI, MS 39532
TR	DARLENE WILLIAMS	105 ST ANDREWS DRIVE	OCEAN SPRINGS, MS 39564

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: *x Darlene Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2005

Date

228-392-4968

Daytime Phone #

CR2E081 (01/05)



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032

REFERENCE : 325712 5069163

AUTHORIZATION :

Patricia Pigato
Patricia Pigato

COST LIMIT : \$ 900.00

ORDER DATE : April 20, 2005

ORDER TIME : 10:59 AM

ORDER NO. : 325712-005

CUSTOMER NO: 5069163

CUSTOMER: Ms. Darlene Williams
K-mar Industries, Inc.
Suite B
10401 Boney Avenue
D'iberville, MS 39540

REINSTATEMENT

NAME: K-MAR INDUSTRIES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____