

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

08 APR 11 PM 4:15

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F03000004863

1. Corporation Name

K-Mar Industries, Inc.

2. Principal Office Address - No P.O. Box

10401 Boney Ave Ste B

Suite, Apt. #, etc.

Suite B

City & State

D'Iberville, MS

Zip

39564

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/03

5. FEI Number

51-0319001

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

300123065743

CR2E081 (12/07)

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ The reinstatement fee is imposed, except in
 circumstances which the entity did not receive
 the prior notices. By checking this box, you
 are certifying the prior notices were not
 received and requesting the reinstatement
 fee be waived.

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

 Sarah K. Drake
 as its agent

Date

4/11/08

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 R Lee	15409 Sequoiah Ave	Biloxi, MS 39532
VP	James Williams	105 St Andrews Dr	Ocean Springs, MS 39564
SEC	Judith Lee	15409 Sequoiah Ave	Biloxi, MS 39532
TR	Darlene M. Williams	105 St Andrews Dr	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 contained in Chapter 119, 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

04/10/2008

228-392-4968

Date

Daytime Phone #

24/11



CORPORATION SERVICE COMPANY

Page 2082

ACCOUNT NO. : 072100000032

REFERENCE : 525696 5069163

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 1058.75

ORDER DATE : April 11, 2008

ORDER TIME : 1:27 PM

ORDER NO. : 525696-005

CUSTOMER NO: 5069163

DOMESTIC FILINGS

NAME: K-MAR INDUSTRIES, INC.

RECEIVED
08 APR 11 PM 2:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS _____