

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 DEC 14 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000163589620
12/14/09--01061--022 **1050.00

000163589620
12/14/09--01061--023 **8.75

REINSTATEMENT 07-09
CR25081 (12/09)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000007011

1. Corporation Name

N.A. KIMBREL CO.

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

2425 EAST OAKTON ST

Suite, Apt. #, etc.

City & State

ARLINGTON HEIGHTS, IL

Zip

60005

Country

USA

3. Mailing Office Address

2425 EAST OAKTON ST

Suite, Apt. #, etc.

City & State

ARLINGTON HEIGHTS, IL

Zip

60005

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/2005

5. FEI Number

36-3372101

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALAHASSEE

State

FL

Zip Code

32301-2525

☐ 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

Carina L. Dunlap
REGISTERED AGENT MUST SIGN

Carina L. Dunlap

Asst. Vice President

Date 12-15-09

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	SCOTT KIMBREL	2425 EAST OAKTON ST	ARLINGTON HEIGHTS, IL 60005
VP	NED KIMBREL	2425 EAST OAKTON ST	ARLINGTON HEIGHTS, IL 60005

10. E-mail Address: nakimco@sbcglobal.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Scott L Kimbrel Scott L Kimbrel Pres

12-11-09 437 9895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/16/09