

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 21 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

01-02

**DOCUMENT # F34188**

1. Corporation Name

Kimvencott, Inc.

2. Principal Office Address

11 S. Bumby Ave.

Suite, Apt. #, etc.

Suite-200

City & State

Orlando, Florida

Zip

32803

Country

USA

3. Mailing Office Address

11 S. Bumby Ave.

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, Florida

Zip

32803

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1981

5. FEI Number

592162249

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

Gerald C. Grennan

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

11 South Bumby Avenue

Suite, Apt. #, Etc.

Suite 200

City

Orlando

State

FL

Zip Code

32803

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

*[Signature]*

Date 6-17-02

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
PSD	Kenneth Wilson	Box 1329 Bancroft	Ontario Canada K0L1C0

700006073287-5  
06/27/02-01056-03  
\*\*\*\*308.75 \*\*\*\*308.75

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:

*Kenneth Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 31, 2002

Date

613-332-3966

Daytime Phone #