

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 27 PM 5:06

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003238

1. Corporation Name
KAABA, INC.2. Principal Office Address
1818 Millersburg Rd

Suite, Apt. #, etc.

City & State
Paris, KYZip
40361Country
USA

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

← Same

City & State

← Same

Zip

← Same

Country

← Same

4. Date Incorporated or Qualified
To Do Business in Florida 6/20/945. FEI Number
86-0716292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date December 27, 2002

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.	MISDEE WRIGLEY (Director)	1818 Millersburg Road	Paris, KY 40361
Sec./ Treas.	TRACY LOCKHARD	1818 Millersburg Road	Paris, KY 40361
Dir.	MARK SCHOFIELD	1818 Millersburg Road	Paris, KY 40361

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/23/02 859-484-3300