

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 11 AM 11:32

DOCUMENT # J84533

1. Corporation Name

Kimberly Developers Inc.

400021999394
08/04/03--01005--025 **1058.75

REINSTATEMENT 01-03

2. Principal Office Address

3216 Windmill CR
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2667
Suite, Apt. #, etc.

City & State

CANTONMENT FL
Zip 32533 Country USA

City & State

PENSACOLA FL
Zip FL 32508 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/27/1987

5. FEI Number

59-280 4377

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

DON C. PAEDAE

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

3216 Windmill CR

Suite, Apt. #, Etc.

City

CANTONMENT, FL

State

FL

Zip Code

32533

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

Don C. Paedae

Date 7-11-03

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
P.	DON C. PAEDAE	3216 Windmill CR	CANTONMENT, FL, 32533

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:

Don C. Paedae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03

Date

850-426-2587

Daytime Phone #

CR2E081 (10/02)