

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L76929**

1. Corporation Name

KIMJIM, INC.

Principal Place of Business

9070 KIMBERLY BLVD
BOCA RATON FL 33434
US

Mailing Address

9070 KIMBERLY BLVD
BOCA RATON FL 33434
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1990

5. FEI Number

65-0197567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	REDAN, LES	9070 KIMBERLY BLVD	BOCA RATON FL 33434
ST	REDAN, SUSAN	9070 KIMBERLY BLVD	BOCA RATON FL 33434

900024579109
11/12/03--01009--024 **150.00

8. Name and Address of Current Registered Agent

REDAN, LES
20904 ESCUDO DR
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Les Redan

Date **10/31/03**

REGISTERED AGENT MUST SIGN

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 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:

Les Redan Les Redan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/03 5214881820

FILED

03 NOV 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E040 (7/03)

ACCOUNTING OFFICES
BUDNER & ASSOCIATES INC.
17682 SEALAKES DRIVE
BOCA RATON, FLORIDA 33498
TEL & FAX (561)-482-3499

October 31, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Kimjim Inc.
L76929
2003

Gentlemen:

I am the accountant for Kimjim Inc. Last week Mr. Redan handed me the dissolution notice that was sent to him for KimJim Inc.

I asked him how come he had received this notice and he said he had no idea. I asked him if he had ever received the original that was due in May of this year and he told me that he had not ever received any notice until this last one.

I called your office and they informed me that I should fill out the notice he received and return it with a check for the original amount of 150.00 and this letter and the corporation would be reinstated.

Please acknowledge receipt of this letter and the accompanying form and the check for 150.00

Very truly yours,



Budner & Associated Inc.
Mordecai Budner

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