

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG -2 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M82316

1. Corporation Name

KILLINKERE, INC.

000006972190--0

-08/08/02--01021--029

****141.25 ****141.25

REINSTATEMENT 01-02

2. Principal Office Address

253 Miracle Mile

Suite, Apt. #, etc.

3. Mailing Office Address

253 Miracle Mile

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip 33134

Country USA

Zip 33134

Country USA

4. Date Incorporated or Qualified
To Do Business In Florida

5/24/88

5. FEI Number

650055254

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

Martin Lynch

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

8190 SW 107th Street

Suite, Apt. #, Etc.

City Miami

State
FL

Zip Code 33145

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

Martin Lynch

REGISTERED AGENT MUST SIGN

Date

7/10/02

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
PD	Clarke, John	12045 SW 77th Terrace	Miami, FL 33183
STD	Lynch, Martin	8190 SW 107th St.	Miami, FL 33156
D	Stafford, Raymond	8190 SW 107th St.	Miami, FL 33156

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

MARTIN LYNCH

Date

7/10/02

Daytime Phone #

305.445.3777

CR2E081 (9/01)

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