

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# M82316

Entity Name: KILLINKERE, INC.

**FILED**  
**Oct 04, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

253 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

253 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0055254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYNCH, MARTIN  
8190 SW 107 ST  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARTIN LYNCH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CLARKE, JOHN  
Address: 12045 SW 77 TERRACE  
City-St-Zip: MIAMI, FL 33183

Title: STD  
Name: LYNCH, MARTIN  
Address: 8190 S.W. 107 ST.  
City-St-Zip: MIAMI, FL 33134

Title: D  
Name: STAFFORD, RAYMOND  
Address: 8190 S.W. 107 ST.  
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN LYNCH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

STD

10/04/2014

\_\_\_\_\_  
Date