## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Phone #

DOCUMENT # N98000002454  1. Entity Name KA AND EM INC.								)7 FEB 21	7 PM	2: 35	
8028 YELLOW MOON DR 8028				g Address I YELLOWMOON DI AHASSEE, FL 323							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address						1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02272007 RE	IN-NP	CR2	E099 (1/0 <b>7</b> )	
City & State			City & State				4. FEI Number 22-388957	'2		<u> </u>	optied For ot Applicable
Zip	Zip Country		Zip		Cou	untry	5. Certificate of St	atus Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent							7. Name and Add	ress of New Re	gistered	d Agent	
JAMES, KI	LENT					Name					
8028 YELLOW MOOD DR TALLAHASSEE, FL 32312						Street Address	(P.O. Box Number is	Not Acceptable)	)		
W						City		F	Zip Cod	e	
	named entit	ty submits this statement for tered agent.	the purp	ose of changing its	register	ed office or registe	ered agent, or both, in	the State of Flor		_	and accept
SIGNATURÉ .									0.00		
	Signature, typed	d or printed name of registered agent a	and title if app	Hoable. (NOT)	E: Register	ed Agent signature requ	rired when reinstating)		DATE		
						s. 607.193(2)(b), F.S., the receive the prior notice.  Make check payable to Florida Department of State					
FII	LE NOW!!	!! FEE IS \$122.50									
FII	LE NOW!!	OFFICERS AND DIF	RECTORS			receive the prior		Flori	da Dep	artment of S	tate
10.	DP	OFFICERS AND DIF	RECTORS		11.	t receive the prio	r notice.	Flori	da Dep	artment of S	tate
10. TITLE NAME	DP JAMES, F	OFFICERS AND DIF	RECTORS	corporation	11.	t receive the prior	r notice.	Flori	da Dep	DIRECTORS IN	tate
10.	DP JAMES, F 8028 YEL	OFFICERS AND DIF KLENT LOWMOON DR	RECTORS	corporation	11. IIIL	t receive the prio	r notice.	Flori	da Dep	DIRECTORS IN	tate
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Klent a James Klent A. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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