

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

*P1 182*  
**FILED**  
04 APR 30 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000021879**

**1. Corporation Name**

**KICK START BILLARDS, INC.**

**2. Principal Office Address**

**1554 Cypress Dr**  
Suite, Apt. #, etc.

City & State

**Ft. Myers, FL**

Zip

**33907**

Country

**USA**

**3. Mailing Office Address**

**1554 Cypress Dr**  
Suite, Apt. #, etc.

City & State

**Ft. Myers, FL**

Zip

**33907**

Country

**USA**

**REINSTATEMENT**

**B-54**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**2/25/2000**

**5. FEI Number**

**65-0985614**

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

**CERILA PINHEIRO**

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

**1554 Cypress Dr**

Suite, Apt. #, Etc.

City

**Ft. Myers, FL 33907**

State

**FL**

Zip Code

**100034782771**  
**04/30/04--01005--023 \*\*300 00**

**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

**Cerila Pinheiro**

REGISTERED AGENT MUST SIGN

Date

**4/27/04**

**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,D	CERILA PINHEIRO	1554 Cypress Dr	Ft. Myers, FL 33907

**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:

**Cerila Pinheiro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/27/04**

Daytime Phone #

**Cerila Pinheiro**

**TR**

CR2E081 (01/04)

19 2/28/02

Department of State  
Division of corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Kick Start Billards, Inc.  
Poooooooo21879

Dear Sir or Madam,

Enclosed is a check for \$300. to pay for the Annual Report for 2003 and 2004. I changed accountants in 2003. The report went to my former accountant and was not forwarded to me. Please accept this letter as a request to remove the penalties for 2003 late filing. Thank you for your consideration.

Sincerely,



Cerila Pinhero  
Kick Start Billards, Inc.  
1554 cypress Drive  
Ft. Myers, FL 33907