

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 # P01000020947

1. Corporation Name

KBM & ASSOCIATES, INC

Principal Place of Business

P.O. BOX 62107
13270 CORBEL CIRCLE
FORT MYERS FL 33907

Mailing Address

P.O. BOX 62107
13270 CORBEL CIRCLE
FORT MYERS FL 33907-2107

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

8916 Cypress Preserve

City & State
Ft. Myers, FL

Zip Country
33912 Lee

Suite, Apt. #, etc.

PL - P.O. Box 62107

City & State
Ft Myers FL

Zip Country
33912 Lee

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/2001

5. FEI Number

56-2170508

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
TS	SIMPSON, ROBERT A	12270 CORBEL CIRCLE # 1712	FORT MYERS FL 33907
TS PTS	SIMPSON, LINDA E (OWNER)	12270 CORBEL CIRCLE # 1712	FORT MYERS FL 33907
PTS	Simpson Linda E	8916 Cypress Preserve Place	Ft Myers FL 33912

8. Name and Address of Current Registered Agent

SIMPSON, LINDA E
13270 CORBEL CIRCLE # 1712
FORT MYERS FL 33907

9. Name and Address of New Registered Agent

Name

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

8916 Cypress Preserve PL

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/3/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/03

Daytime Phone #

239-
292-5691

CR2E040 (7/03)

11/3/03

Dear Sir / Madam:

I would like to request a waiver for the reinstatement of KBM Assoc., Inc.

I did not receive any UBR notices. I do have a P.O. Box, but the mail has been placed or lost in other boxes. I have spoken to the Post Office here in Fort Myers and we now believe that it has been corrected.

KBM did not do any business in 2002 and right now I have about \$150 in the bank. I would greatly appreciate any consideration you could give me in waiving the fee at this time as I am now the sole owner of KBM and still trying to make the company a success.

Sincerely
Linda Simpson