

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048130

1. Corporation Name

KIMOZOBY INC.

Principal Place of Business

9920 NORTH WST 57 MANOR  
CORAL SPRINGS FL 33076

Mailing Address

9920 NORTH WST 57 MANOR  
CORAL SPRINGS FL 33076



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/2001

5. FEI Number

65-1112465

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	ANDREW M ZOBLIN	9920 NW 57 <sup>TH</sup> MANOR	CORAL SPRINGS FL 33076

200009216092  
11/26/02--01016--005 \*\*150.00

11/2/02

8. Name and Address of Current Registered Agent

LEIBOWITZ, JERRY D  
3181 WEST HALLANDALE BEACH BLVD.  
PEMBROKE PARK FL 33009

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/2/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/02

Date

954 255 8980

Daytime Phone #

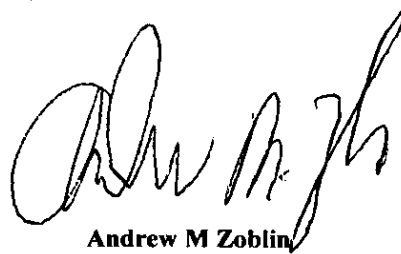
CR2EDAG (8/02)

**KIMOZOBY, INC.**  
**9920 NW 57th Manor**  
**CORAL SPRINGS, FL 33076**

**11/22/02**

**Florida Department of State**

**This letter is to inform the Division of Corporations, that I have not received the two prior uniform business report notices in the mail.**

A handwritten signature in black ink, appearing to read "Andrew M. Zoblin". The signature is stylized with large, flowing loops and is positioned above the printed name and title.

**Andrew M Zoblin**  
**President**