

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JAN 12 PM 3:00

DOCUMENT # P010000 85515

1. Corporation Name

Kimbo Productions, INC.

2. Principal Office Address - No P.O. Box #

301 NW 127 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

301 NW 127 AVE

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33325

Country

USA

Zip

33325

Country

USA

400165775754  
01/12/10--01003--018 \*\*308.75

KS

**REINSTATEMENT**

09-10

4. Date Incorporated or Qualified  
To Do Business in Florida

8/29/2001

5. FEI Number

65-1137228

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

Kim Bokamper

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

301 NW 127 AVE

Suite, Apt. #, Etc.

City

PLANTATION

State  
FL

Zip Code

33325

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/19/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles       | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip          |
|--------------|--------------------------------------|---|-----------------------------|
| <u>Pres.</u> | <u>Kim Bokamper</u>                  | <u>301 NW 127 AVE</u>                             | <u>PLANTATION, FL 33325</u> |
|              |                                      |   |                             |
|              |                                      |   |                             |
|              |                                      |   |                             |
|              |                                      |   |                             |
|              |                                      |   |                             |

10. E-mail Address: BOLV441@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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]

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