

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 18 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000090004**

1. Corporation Name

KimLois UniQue Pieces, Inc.

2. Principal Office Address

222 W. Ethelene ST

Suite, Apt. #, etc.

50

City & State

Bartow, FL

Zip

33830

Country

Dade

3. Mailing Office Address

222 W. Ethelene

Suite, Apt. #, etc.

50

City & State

Bartow, FL

Zip

33830

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-12-02

5. FEI Number

65-1137185

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

Kimberly Caldwell

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

222 W. Ethelene Street

Suite, Apt. #, Etc.

50

City

Bartow FL

State
FL

Zip Code

33830

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

Kimberly Caldwell

REGISTERED AGENT MUST SIGN

Date **10/9/02**

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
PO	Kimberly Caldwell	222 W. Ethelene ST	#50 Bartow FL 33830
VO	Lonnie Caldwell	222 W. Ethelene ST	#50 Bartow 33830

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:

Kim Caldwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

10/18/02

October 9, 2002

I'm writing in response to the fact that I am trying desperately to get my business back reinstated. I made the big mistake of not giving my new address due to personal problems. I totally forgot to advise the Department of my new address. Please excuse this error on my part due to - much pressure of taking care of my sick elderly mother, I totally mis-calclated handling very important things to me.

Again please give me the opportunity of be more effective in my business. Than you very much, Kim Caldwell

Sincerely,

Kim Caldwell
Kim Caldwell

New address:
222 W. Ethelene Street
Bastou, IL 63830 #50