

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000104459

1. Corporation Name

KIMBERLY F. BIAS CO., INC.

Principal Place of Business

3010 W GANDY BLVD UNIT 7  
TAMPA FL 33611

Mailing Address

3010 W GANDY BLVD UNIT 7  
TAMPA FL 33611

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3752-696

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	BIAS, KIMBERLY F	3010 W GANDY BLVD UNIT 7	TAMPA FL 33611

600008701666  
10/30/02--01085--014 \*\*150.00

8. Name and Address of Current Registered Agent

BIAS, KIMBERLY F  
3010 W GANDY BLVD UNIT 7  
TAMPA FL 33611

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

CR2E040 (8/02)

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

*Kimberly F. Bias*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10-28-02

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:

*Kimberly F. Bias*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02  
Date

813-90-8350  
Daytime Phone #



Gandy Square  
3010 W. Gandy Blvd.  
Suite 7  
Tampa, FL 33611  
(813) 902-8350  
Fax (813) 902-1849

[www.curvesofsouthtampa.com](http://www.curvesofsouthtampa.com)

October 28, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32214-6327

To Whom It May Concern:

Please be advised that this notice was the very first notification I have received regarding filing the required paperwork for my company, The Kimberly F. Bias Corporated.

As instructed, I am enclosing the requested of \$150.00. I can be reached at (813) 902-8350.

Kimberly F. Bias  
Owner/President