

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR 13 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000104459

1. Corporation Name

Kimberly F. Bias Co., Inc.

2. Principal Office Address

3553 Red Cloud Trail

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

Zip

32086

Country

USA

3. Mailing Office Address

3553 Red Cloud Trail

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

Zip

32086

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct. 2001

5. FEI Number

59-3752696

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

Alexandra K. Fusto

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

3553 Red Cloud Trail

Suite, Apt. #, Etc.

600032649386

04/14/04-01012-001 \*\*310.00

City

ST. AUGUSTINE

State

FL

Zip Code

32086

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

Alexandra K. Fusto

REGISTERED AGENT MUST SIGN

Date 4/8/06

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
<u>Ms.</u>	<u>Alexandra K Fusto</u>	<u>3553 Red Cloud Trail</u>	<u>ST. AUGUSTINE, FL 32086</u>

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:

Alexandra K. Fusto  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04

Date

Daytime Phone #

CR2E081 (01/04)

Leon  
Law  
Office <sup>PA</sup>

April 12, 2004

Ms. Anna Chesnut  
Document Specialist  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Letter Number 404A00021720  
Kimberly F. Bias Co. Inc.

Dear Ms. Chesnut,

Thank you for speaking with me last week regarding this corporation. Enclosed please find the completed corporate reinstatement paperwork signed by Ms. Fusto, president of Kimberly F. Bias Co. Inc., and your letter.

We look forward to receiving a certificate of status showing the corporate name as amended.

Sincerely,



Lisa M. Leon

Lisa Marcel Leon

5095 US 1 South  
St. Augustine, FL  
32086

Phone  
904 794-7190



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 2, 2004

LEON LAW OFFICE, PA  
% SUZANNE GAULKE  
5094 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

SUBJECT: KIMBERLY F. BIAS CO., INC.  
Ref. Number: P01000104459

We have received your document for KIMBERLY F. BIAS CO., INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

In order to file your document, the subject entity must first be reinstated.

Our data base shows the 2003 AR report was returned to our office. Therefore, please return the reinstatement form completed and attach a check for \$300.00, \$150.00 each for 2003 and 2004.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut  
Document Specialist

Letter Number: 404A00021720

3010 W. Gandy Blvd.  
Unit 7 Tampa 33611

Admin Dissolution for Annual Report

P01 000 104459

4/13/04 RETURN MAIL DETAIL SCREEN  
CORP NUMBER: P01000104459 CORP NAME: KIMBERLY F. BIAS CO., INC.

3:33 PM

2003

ANNUAL REPORT SECOND NOTICE RETURNED BOX: 0021

**FOR Filing Purpose  
ONLY**

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR:

4/13/04 RETURN MAIL DETAIL SCREEN  
CORP NUMBER: P01000104459 CORP NAME: KIMBERLY F. BIAS CO., INC.

3:33 PM

2003

ANNUAL REPORT SECOND NOTICE RETURNED BOX: 0021

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: