


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 30 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (8/05)

DOCUMENT # **P01000111408**

1. Corporation Name

KIMO'S FOOD STORE INC.

2. Principal Office Address

1417 S. MONROE ST

Suite, Apt. #, etc.

3. Mailing Office Address

1417 S. MONROE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32301

Country

Zip

32301

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2001

5. FEI Number

59-3757319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Kamal Gendi

7. Name and Address of Current Registered Agent

Name

1417 S. Monroe

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

Suite, Apt. #, Etc.

Tallahassee

City

FL 32312

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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
D	GENDI, KAMAL	1417 S. MONROE	TALLAHASSEE, FL 32301
D	GENDI, REMONDA	1417 S. MONROE	TALLAHASSEE, FL 32301

000061915300

12/05/05--01068--010 **300.00

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 607.0431 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:

Kamal Gendi **KAMAL GENDI**
Remonda Gendi **REMONDA GENDI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/05 - 850 2222002

Date

Daytime Phone #

2072

Florida Department of State
Secretary of State
Division of Corporations

November 29, 2005

Ref: Reinstating Corporation
Kimo's Food Store
EI # 59-3757319
1417 S. Monroe St.
Tallahassee, 32301

Apparently, we have not received the annual report information form for year 2004. We just knew about it from Florida Lotto.

Thanks for your cooperation.

Kamal Gendi

Kamal Gendi

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