

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 DEC 10 P 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000111408

1. Corporation Name

KIMO'S FOOD STORE
1417 S. MONROE ST.
TALLAHASSEE, FL 32302

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

1417 S. MONROE ST.
TALLAHASSEE, FL 32302

Suite, Apt. #, etc.

3. Mailing Office Address

1417 S. MONROE ST.
TALLAHASSEE, FL 32302

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32302

City & State

Tallahassee FL 32302

Zip

32302

Country

LEON

Zip

32302

Country

LEON

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

7. Name and Address of Current Registered Agent

Name

Remonda Gendi

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

1417 S. MONROE ST. Tall

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

Remonda Gendi

Date 12-10-09

REGISTERED AGENT MUST SIGN

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
President	KAMAL F. GENDI	8175 Charrington Forest Blvd	Tallahassee, FL 32312
V.P.	REMONDA S. GENDI	8175 Charrington Forest Blvd	Tallahassee, FL 32312

REINSTATEMENT
2007-09
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10. E-mail Address: NGENDI45@hotmail.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:

KAMAL GENDI

12/7/09

850.222-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #