

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 20 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000114238**

1. Corporation Name

Kiah Computing & Consulting inc.

2. Principal Office Address

3 Leeward cir.

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

Palm Beach

3. Mailing Office Address

621 Waterway Village ct

Suite, Apt. #, etc.

City & State

Greenackers, FL

Zip

33413

Country

Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/28/01

5. FEI Number

65-1157598

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

Michael R Pomeroy

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

3 Leeward cir.

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

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 **3/13/03**

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
Pres	Michael R. Pomeroy	3 Leeward cir.	Tequesta / FL / 33469

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/03

Date

(561)262-7113

Daytime Phone #

CR2E081 (10/02)

3/21

March 13, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is reference to, Kiah Computer Consulting, Inc., Document Number: P01000114238. I was advised that this Corporation is inactive, due to not receiving a yearly filing. I did not receive renewal notification primarily of an address change, even though I put in a change of address with the postal service. I have enclosed the necessary filing fee of \$300.00 for years 2002 & 2003. Please re-active this Corporation due to this circumstance, since it was not my intention not to file.

To ensure that I receive any future mailings, please send to:

621 Waterway Village Court
Greenacres, FL 33413

Thank you for your consideration in this matter.

Sincerely,

Michael Pomeroy

A large, stylized handwritten signature in black ink, appearing to read 'Michael Pomeroy', is written over the printed name.