

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 18 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300139134443
12/18/08--01030--014 **1050.00

DOCUMENT #

1. Corporation Name

KBA Inc., USA

P01000118667

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

208 West Pine Street

3. Mailing Office Address

208 West Pine Street

Suite, Apt. #, etc.

Ste 100

Suite, Apt. #, etc.

Ste 100

City & State

Hattiesburg, MS

City & State

Hattiesburg, MS

Zip

39401

Country

USA

Zip

39401

Country

USA

7. Name and Address of Current Registered Agent

Name

Kenneth A. Brown

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

4654 Destiny Way

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

REINSTATEMENT

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 12/14/2001

5. FEI Number
64-0893549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Kenneth A. Brown

Date 12/16/2008

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
Pres	Kenneth A. Brown	4654 Destiny Way	Destin, FL 32541
Secy	Mitchell Clint Brown	129 Brierfield Dr	Madison, MS 39110

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 contained in Chapter 119, 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:

Mitchell Clint Brown

Mitchell Clint Brown

12/16/2008

601-325-6013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #