


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page later

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO2000005343</u>			
1. Corporation Name <u>Kimbryanna Family Care Center Inc</u>			
2. Principal Office Address <u>943 Old Barn Rd</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P.O. Box 780486</u> Suite, Apt. #, etc.	
City & State <u>Orlando FL</u>		City & State <u>Orlando FL</u>	
Zip <u>32825</u>	Country <u>Orange</u>	Zip <u>32878</u>	Country <u>Orange</u>

FILED
03 OCT 27 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida <u>7-02-01</u>	
5. FEI Number <u>26-0029877</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Katia Aguila</u>	<u>900024336719</u>
Street Address (P.O. Box Number is Not Acceptable) <u>943 Old Barn Rd</u>	
Suite, Apt. #, Etc. 	
City <u>Orlando</u>	State <u>FL</u>
Zip Code <u>32825</u>	

REINSTATEMENT 03

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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 <u>Katia Aguila</u>	Date <u>10/17/03</u>
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
P	Maxi Arias	943 Old Barn Rd	Orlando FL 32825
D	Diego Beato	844 Bristol Forest way	Orlando FL 32828
D	Joel Arias	943 Old Barn Rd	Orlando FL 32825

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: <u>MAXI Arias</u>	Date <u>10/17/03</u>	Daytime Phone # <u>407 282 9793</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (10/02)

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10-1-03

To whom it may concern:

I have not received the renewal form for my corporation. my business document # is P 02000005343 Tax # 26 0029877. in 2002 I had the corporation at 10036 Ian St Orlando FL 32825 but in Dec 2002 I moved it to 943 Old Barn Rd Orlando FL 32825 I also had my P.O Box on last year's form but never received any papers from your office. please waive the penalty fee and mail me any info. my main mailing address on last year form line 4a is my P.O Box. Thank you and never received anything maxi luis.