

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 21 AM 9:02
TALLAHASSEE, FLORIDA

DOCUMENT # *PO2000028061*

1. Corporation Name
KIM WARREN CLEANING INC

WVS000008679

2. Principal Office Address
1009 SE HALL ST

3. Mailing Office Address
1009 SE HALL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
STUART, FLORIDA

City & State
STUART, FL

Zip
34996

Country
MARTIN

Zip
34996

Country
MARTIN

2-21-05 01011 009 - 450.00

4. Date Incorporated or Qualified
To Do Business in Florida 03/07/2002

5. FEI Number
20-0114848

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
KIM WARREN

Street Address (P.O. Box Number is Not Acceptable)
1009 SE HALL ST

Suite, Apt. #, Etc.

City
STUART

State
FL

Zip Code
34996

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 _____

Date _____

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	KIM WARREN	1009 SE HALL ST	STUART, FL 34996

100046904171
*02/21/05--01011--009 **450.00*

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 607.0401 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: *Kim Warren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05

Date

Daytime Phone #

CR2E081 (01/05)

**KIM WARREN CLEANING INC.
1009 SE HALL STREET
STUART, FLORIDA 34996
(772)521-5819**

January 24, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32399

Re: Document #P02000028061

Dear Sirs,

Recently while conducting some personal matters my attorney informed me that the Department of State had dissolved my corporation. Since I am current in my federal and state filings I couldn't understand how that could happen. My accountant ran a search of your website and found that you had dissolved my corporation through an administration dissolution for non payment of the annual filing fees. She also noticed that you have an address for my corporation that has never been my address. ***I have never received notice that there were annual fees due to your agency.*** My address is and has always been 1009 SE Hall Street, Stuart, FL. 34996

When I called your office your voicemail system told me that I must file a reinstatement form by mail and enclose a check in the amount of the missing annual report fee as well as the Corporate Supplemental Fee (\$150/year) for each missing report.

Enclosed please find my application for Reinstatement as well as my check in the amount of \$450 for the missing 2003, 2004, and the current 2005 years. Please reinstate my corporation and waive the Reinstatement Fee since you have never had the correct address for my company on file. In addition, please make note of my actual address and direct all future mail to this address.

Thank you for your consideration.

Sincerely,



Kim Warren