FILED
H09000221509 3
09 OCT 16 AM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 15 AM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/00)

DOCUMENT # P02000039093

1. Corporation Name
Kemiko of Florida, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1918 N. Dixie Hwy	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL.	City & State
Zip: 33020 Country: US	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/10/2002

5. FEI Number: 753058229 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ 5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Moore, Kenneth J. Mr.
Street Address (P.O. Box number is not Acceptable): 1517 Cleveland St.
Suite, Apt. #, Etc.
City: Holly Wood State: FL Zip Code: 33020

☑ 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 617.0505, F.S.

Signature of Registered Agent: _____ Date: 10/13/09
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	Kenneth Moore	1517 Cleveland St.	Hollywood, FL. 33020

REINSTATEMENT DH

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: _____ Kenneth Moore 10/13/09 954 927 9683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe

Florida Department of State

Division of Corporations

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Division of Corporations
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Account Number : 110450000714
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CORPORATION REINSTATEMENT

KEMIKO OF FLORIDA, INC,

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$900.00~~

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