

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 14 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FD2000088379**

1. Corporation Name
**KIM Realty Investments and
Construction, Co.**

2. Principal Office Address
225 NE Mizner Blvd

Suite, Apt. #, etc.
300

City & State
Boca Raton, FL

Zip
33432 Country
USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida **08/13/2002**

5. FEI Number
22-3873629

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 **William K. Tillman**

Street Address (P.O. Box Number is Not Acceptable)
8306 NW 38th St.

Suite, Apt. #, Etc.

City **Coral Springs**

State **FL** Zip Code **33065**

800023820108
10/15/03 01057 025 44750 00

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **10/14/03**

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.	William K. Tillman	8306 NW 38th St	Coral Springs FL 33065
Vice Pres	Matthew C. Lupton	225 NE Mizner Blvd #300	Boca Raton 33432

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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/14/02** 561-620-3202
Daytime Phone #

WILLIAM K. TILLMAN, PRESIDENT

CR2E081 (10/02)