PLEASE READ AM INSTRUCTIONS REFORE COMPLETING THIS FORM

FELAGE READ AND ING MOUTHOUT DET ONE COMMENTATION ONLY							
CORPORATION FLOR REINSTATEMENT		Secretar DIVISION OF C	RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 03 NOV 14 AM 8: 00		
DOCUMENT #	1000-609	·					
1. Corporation Name KOBICO, INC.				REINST	TATEMENT	03	
2. Principal Office Address 3.		3. Mailing Office Address SAME		100024717781 11/14/0301078021 **150.00 MPD			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 9 24 / 0 2		
CORAL SPRINGS -FL				5. FEI Number		Applied For Not Applicable	
	untry 1 S A	Zip	Country	6. CERTIFICATE OF STA	ATUS DESIRED S8 75 Additi	ional Feerequied Meate of Status	
7. Name and Address of Current Registered Agent							
Name STEPHEN A MARTIN Street Address (P.O. Box Number is Not Acceptable) 977 CORAL CLUB DR Suite, Apt. #, Etc. City Coral SPRINGS State Zip Code FL 33071							
8. I, being appointed the regist Signature of Registered Agent	tephen a	re named corporation, am of the second secon		e obligations of section 607.0	1. /5 /x3		
9. Names and Street Addres	ses of Each Officer and	or Director (Florida nonpro	ofit corporations must list a	t least 3 directors)			
Titles Of	Titles Name of Officers and/or Directors			ach ctor	City / State / Zip		
PRES STEPHE	EN A MB	RTIN 977	CORAL CL	AB DR COR	RAL SPRINGS, F	L 3307)	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To Whom It May Concern-It only recently come to my attention that I was supposed to receive a corporate renewal form earlier in the year. I suspect the reason of did not was due_ to the fact that I had moved from my previous address of 3827 Turtle Run Blod to current address 977 Coral Club Br. even though I did fill out change of address. A called FL Division of Corporations to notify them of the situation. A was instructed to fill out the attached form and enclose payment of \$150.00 I am very concerned about the status

of my exporation because of this; please
inform me as to the status. The

mumber of my business is (954) 346-7886 I am very worried about this, so please contact me Thank you, Stephen a. Martin