

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
15 APR 13 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000004537

1. Corporation Name

**K MP Worldwide Inc.**

2. Principal Office Address - No P.O. Box #

**1543 Par Court**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Vero Beach, FL**

Zip

**32966**

Country

**USA**

Zip

Country

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**45-0496037**

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

**Steve Hodson**

Street Address (P.O. Box Number is Not Acceptable)

**1543 Par Court**

Suite, Apt. #, Etc.

City

**Vero Beach**

State

**FL**

Zip Code

**32966**

**700271888727**  
**04/17/15--01002--003 \*\*300.00**

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

*Steven R. Hodson*

REGISTERED AGENT MUST SIGN

Date

**4/10/15**

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
DSTD	Steven R. Hodson	1543 Par Court	Vero Beach, FL 32966

10. E-mail Address: **steve@koalausa.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Steven R. Hodson*

*President*

**4/10/15**

**727 489-7384**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Steven R. Hodson*  
**2015**  
**4/10/15**