

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATION

06 SEP 28 PM 12:36

DOCUMENT # P03000038031

1. Corporation Name

Kimark Inc.

2. Principal Office Address

28651 North Diesel Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1956

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip  
34135

Country  
Lee

Zip  
34133

Country  
Lee

4. Date Incorporated or Qualified  
To Do Business in Florida

4/03/03

5. EEI Number

54-2105436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Kenneth Long

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

25630 Springtide Court

Suite, Apt. #, Etc.

City

Bonita Springs

State  
FL

Zip Code  
34135

500080232985  
09/27/06--01052--012 \*\*450 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 19 SEPT 06

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	Kenneth Long	25630 Springtide Court	Bonita Springs, FL 34135

REINSTATEMENT 04-05

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:

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

Kenneth Long, President 19 SEPT 06 239-949-3329

Date

Daytime Phone #

2052

# Brigid D. Soldavini CPA, P.A.

A Full Service Accounting Firm

August 28, 2006

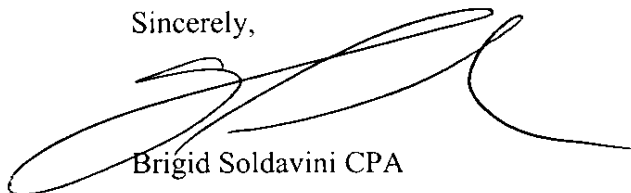
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ref: Kimark, Inc.  
P.O. Box 1956  
Bonita Springs, FL 34133  
Doc: P03000038031

Dear Sirs,

Kimark, Inc. did not receive their annual report renewal notices and also was affected by Hurricanes Charlie & Wilma. Enclosed please find a check for filing fees to renew years 2004, 2005 & 2006. Please waive the reinstatement fees.

Sincerely,



Brigid Soldavini CPA