


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000081249	
1. Entity Name KYMAT, INC. DBA QUIZDOS SUB	

Principal Place of Business 985 26TH STREET VERO BEACH, FL 32960	Mailing Address 985 26TH STREET VERO BEACH, FL 32960
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2. Principal Place of Business 1225 US Hwy 1 Suite, Apt. #, etc.	3. Mailing Address 1880 8TH CT SW Suite, Apt. #, etc.
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City & State Vero Beach FL	City & State Vero Beach FL
Zip 32960	Country Indian River
Zip 32962	Country Indian River

6. Name and Address of Current Registered Agent KIRK, WILLIAM N 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name KIRK, WILLIAM N Street Address (P.O. Box Number is Not Acceptable) 977 Beachland Blvd City Vero Beach FL Zip Code 32963
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>William N Kirk</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 3/10/05
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINDLAN, CHRISTOPHER R 985 26TH STREET VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 1880 8TH CT SW Vero Beach FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINDLAN, MONICA 985 26TH STREET VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Sec Treasurer 1880 8TH CT SW Vero Beach FL 32962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000488468 03/22/05--01022--014 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JB 3/16</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Monica Windlan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-10-05 Date	772-633-1485 Daytime Phone #
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Monica WINDLAN

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05
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