

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 31 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000091921

1. Corporation Name

KMBE Consultants, Inc.

2. Principal Office Address

The Plaza, Suite 801

Suite, Apt. #, etc.

5355 Town Center Road

City & State

Boca Raton, FL

Zip

33486

Country

Palm Beach

3. Mailing Office Address

The Plaza, Suite 801

Suite, Apt. #, etc.

5355 Town Center Road

City & State

Boca Raton, FL

Zip

33486

Country

Palm Beach

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

09-17-2003

5. File Number

551-0481288

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

Beverly Donnelly

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

The Plaza, Suite 801

Suite, Apt. #, etc.

5355 Town Center Road

City

Boca Raton, FL

State

FL

Zip Code

33486

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

Beverly Donnelly

REGISTERED AGENT MUST SIGN

Date

1-25-06

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
<i>D</i> <i>Pres/Treas</i>	Kathryn Fitzgerald Ford	The Plaza, Suite 801, 5355 Town Center Road	Boca Raton, FL, 33486
<i>D</i> <i>VP/Sec</i>	Barbara Popkin	The Plaza, Suite 801, 5355 Town Center Road	Boca Raton, FL, 33486

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Popkin

Date

1-25-06

Daytime Phone #

561-394-8333