PJ 172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -4 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000104519

1. Corporation Name
KUBOTA DRAGGIN, INC

04-05

T. Roberts MAY 1?

2. Principal Office Address	3. Mailing Office Address
9785 57TH AVE	P O BOX 781235
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBASTIAN	City & State: SEBASTIAN
Zip: 32958 Country: US	Zip: 32978 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 09/23/2003

5. FEI Number: 80-0091084 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $87.5 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ROBERT WALTERMIRE

700054684037
17Ø5--01057--021 **300.00

Street Address (P.O. Box Number is Not Acceptable): 9785 57TH AVE

Suite, Apt. #, Etc.

City: SEBASTIAN State: FL Zip Code: 32958

SIGN HERE

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 _____ Date 4/29/2005
REGISTERED AGENT MUST SIGN

CR2E031 (01/05)

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
P	ROBERT WALTERMIRE	9785 57TH AVE	SEBASTIAN, FL 32958
D	SANDRA WALTERMIRE	9785 57TH AVE	SEBASTIAN, FL 32958
VP	KIMBERLY WALTERMIRE	9785 57TH AVE	SEBASTIAN, FL 32958

SIGN HERE

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 the 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: ROBERT WALTERMIRE 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

15 of 12

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

FAX (561) 433-3596

April 29, 2005

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: KUBOTA DRAGGIN, INC
FEIN: 80-0091064
Document #: P03000104519
Tax Form: UBR
Tax Period: 2004, 2005

To Whom It May Concern:

We have enclosed check # 96 in the amount of $300.00 for the Corporate Reinstatement of KUBOTA DRAGGIN, INC, Document # P03000104519.

Please abate the penalty as ~~Mr. Waltermire~~ my client did not receive the original UBR. The 2004 corporation is newly formed and did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

C. R. Cooper, CPA

Encl.

cc