

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 14 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000122663

1. Corporation Name

Kepos Corporation

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

12151 S. 73rd Ave

3. Mailing Office Address

12151 S. 73rd Ave

Suite, Apt. #, etc.

—

Suite, Apt. #, etc.

—

City & State

Palos Heights, IL

City & State

PALOS HEIGHTS, IL

Zip

60463

Country

USA

Zip

60463

Country

USA

REINSTATEMENT
CR2E081 (12/07)

05-08

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2003

5. FEI Number

200349596

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

DAVID KERR

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

413 Cleveland St

Suite, Apt. #, Etc.

—

City

Clearwater

State

FL

Zip Code

33755

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David Kerr

Date

9/11/08

REGISTERED AGENT MUST SIGN

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, D	Alex Alemis	12151 S. 73 rd Ave Palos Heights, IL 60463	Palos Heights, IL 60463
S	Tina Alemis	12151 S. 73 rd Ave Palos Heights, IL 60463	" "

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:

Tina Alemis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/08

Date

773-251-7573

Daytime Phone #