

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -1 PM 4:20

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000167111600
02/01/10--01046--005 **150.00

000167111600
01/25/10--01054--004 **300.00
CR2E081 (11/09)

DOCUMENT # P85088883699

1. Corporation Name

KEMI, Inc.

WI-3770

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

6334 COTTONWOOD LN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOLLO BEACH, FL

City & State

Zip

Country

33572

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2005

5. FEI Number

42-1671446

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

KEVAN JONES

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

SAME AS ABOVE

Suite, Apt. #, Etc.

City

State

Zip Code

FL

☒ 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

REGISTERED AGENT MUST SIGN

Date 1/22/10

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
OFF V	MICHELLE JONES	SAME AS ABOVE	APOLLO BEACH, FL 33572
P	KEVAN JONES	"	"

REINSTATEMENT

FEB -1 2010

0409

10. E-mail Address: KEVANJONES@LYCUS.COM

(To be used for future annual report notification)

11. 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. I further certify, 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

1/22/10

Date

813-625-1648

Daytime Phone #