

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 FEB -6 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # POS000166028

1. Corporation Name

KEMAR ANDREW GRANT INC

W09-3619

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

5335 NW 10 CRT

Suite, Apt. #, etc.

209

City & State

FL Plantation

Zip

33313

Country

BROWARD

3. Mailing Office Address

5335 NW 10 CRT

Suite, Apt. #, etc.

209

City & State

FL Plantation

Zip

33313

Country

100141501541

01/20/09--01062--012 **308.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified

To Do Business in Florida 12-22-05

5. FEI Number

204031861

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

KEMAR ANDREW GRANT

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

5335 NW 10 CRT

Suite, Apt. #, Etc.

209

City

PLANTATION

State

FL

Zip Code

33313

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-17-09

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
D	KEMAR ANDREW GRANT	5335 NW 10 CRT	PLANTATION FL 33313
			100141501541
			02/06/09--01021--001 **141.25
			100141501541
			02/06/09--01021--002 **8.75

REINSTATEMENT

DL

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] KEMAR ANDREW GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-09

Date

9546962188

954-816-6735

Daytime Phone #