

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB -1 PM 4:05

DOCUMENT # P06000064249

1. Corporation Name

Kama's Cleaning Services, Inc.

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

4854 Sabal Harbour Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

4854 Sabal Harbour Dr.

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34203

Country

Manatee

City & State

Bradenton, FL

Zip

34203

Country

Manatee

REINSTATEMENT 12-13

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
05-05-2006

5. FEI Number

20-4917718

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Katlenne Jaimes

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

4854 Sabal Harbour Dr.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34203

800243167078
02/06/13--01002--001 **150.00

800243167078
12/31/12--01031--010 **758.75

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

Katlenne Jaimes
REGISTERED AGENT MUST SIGN

Date **12-26-2012**

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	Katlenne Jaimes	4854 Sabal Harbour Dr.	Bradenton, FL 34203
			FEB 05 2013
			T. CAULEY

10. E-mail Address: **kama64@msn.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

Katlenne Jaimes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-2012

Date

941-536-5514

Daytime Phone #