2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000060501

Entity Name: KIM ST. LEON INC.

FILED Nov 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10870 GOLFVIEW DR SOUTH PEMBROKE PINES, FL 33026 **Current Mailing Address: New Mailing Address:** 10870 GOLFVIEW DR SOUTH PEMBROKE PINES, FL 33026 FEI Number: 26-0223347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ST LEON, KIM 10870 GÓLFVIEW DR SOUTH PEMBROKE PINES, FL 33026 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: KIM ST LEON Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST () Delete () Change () Addition ST LEON, KIM Name: Name: 10870 GOLFVIEW DR SOUTH Address: Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: ST LEON, KIM Name: 10870 GOLFVIEW DR SOUTH Address: Address: PEMBROKE PINES, FL 33026 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM ST LEON PST 11/10/2008