

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000089451

**FILED**  
**Nov 13, 2013**  
**Secretary of State**

**Entity Name:** KISSIMMEE UNIFORMS INC

**Current Principal Place of Business:**

1094 CYPRESS PKWY  
KISSIMMEE, FL 34759

**New Principal Place of Business:**

1068 CYPRESS PKWY  
KISSIMMEE, FL 34759

**Current Mailing Address:**

1094 CYPRESS PKWY  
KISSIMMEE, FL 34759

**New Mailing Address:**

1068 CYPRESS PKWY  
KISSIMMEE, FL 34759

**FEI Number:** 45-3601003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENKINS, NAAKA K  
2900 WESTVIEW CT  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

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:** NAAKA JENKINS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** JENKINS, NAAKA K  
**Address:** 2900 WESTVIEW CT  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** VP  
**Name:** MILLER, ROBERT D  
**Address:** 5290 NW 88TH AVE APT E202  
**City-St-Zip:** LAUDERHILL, FL 33351

**Title:** CFO  
**Name:** DELGADO, RICARDO  
**Address:** 2529 CHAPALA DR  
**City-St-Zip:** KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

**SIGNATURE:** NAAKA JENKINS

PCEO

11/13/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date