

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 10 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048805

1. Corporation Name

KIM KIZ OF LIBERTY, INC.

Principal Place of Business

Mailing Address

8300 N. W 24 CT.

1213 N. 26th AVE

MIAMI, FL.

HOLLYWOOD, FL

33147

33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0428159

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRESIDENT	MYRTLE S. KELATI	1213 N. 26 th AVE HOLLYWOOD	FL. 33020
			800002489898--5
			-04/15/98--01072--021
			****500.00 ****500.00
			800002489898--5
			-04/15/98--01072--022
			****500.00 ****500.00

8. Name and Address of Current Registered Agent

MYRTLE S. KELATI
1213 N. 26th AVE
HOLLYWOOD FL. 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002489898--5

-04/15/98--01072--023

****50.00 State FL Zip Code ****50.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Myrtle Sanders-Kelati

REGISTERED AGENT MUST SIGN

Date

(See other side for information
on intangible tax.)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

12. 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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myrtle S. Kelati

Date

Daytime Phone #

305-835-4053

CR2E040 (1/98)