

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 22 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050326

1. Corporation Name

KEMO ENTERPRISES, INC.

2. Principal Office Address

3237 CLINT MOORE RD.

Suite, Apt. #, etc.

104

City & State

BOCA RATON, FL

Zip

33496

Country

USA

3. Mailing Office Address

3237 CLINT MOORE RD.

Suite, Apt. #, etc.

104

City & State

BOCA RATON, FL

Zip

33496

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1993

5. FEI Number

65-0424365

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

ENISE MOTO

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

10 ROYAL PALM WAY, #204

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

E. Moto

Date

2/26/02

REGISTERED AGENT MUST SIGN

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	KEMAL MOTO	3237 CLINT MOORE RD. #104 BOCA RATON, FL 33496	
V	ENISE MOTO	3237 CLINT MOORE RD. #104 BOCA RATON, FL 33496	BOCA RATON, FL 33496

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 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:

E. Moto

ENISE MOTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/26/02

Daytime Phone #

(561) 999-8833

CR2001 (9/01)

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Kemo Enterprises, Inc.

3237 CLINT MOORE ROAD, NO: 104 BOCA RATON, FL 33496 USA PHONE: 561.999 88 33 FAX: 561.997 1211.
E-MAIL: KMOTO@AOL.COM

To: Florida Secretary of State/ Division of Corporations
Attn: Tyrone Scott

27 February 2002

Dear Mr. Scott,

This is a letter asking a reinstatement for our company, along with the application form and a check in the amount of \$150.00 as per your instruction.

When we discovered purely by chance, that our company was dissolved in December 2001, we were deeply shocked, since we had no knowledge and had not received any letters from the Department prior to this.

Our agent resigned in August and there has been no communication whatsoever we have from the Department, telling us about the pending dissolution.

We ask you kindly to reinstate the company, Kemo Enterprises, Inc. with the correct address, so that there will be no miscommunication in the future.

We do appreciate your help and enlightenment.

Best Regards,
Enise Moto