	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FO	DRM		
APP	REPORT OF	A DEPARTME	DEPARTMENT OF STATE		·	AND FILED	F.,		
REINS			Secretary of S			00	· · · · · · · · · · · · · · · · · · ·		
DIVISION OF CORPORATIONS					98 NOV 30 PM 12: 54				
DOCUMENT # P9400059947 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
KABOON	M SOUTH, INC.						-1.0,		
Principal Place	e of Business	ess							
2006 NW 55 AV FLORGATE FL US		2006 NW 55 AVENUE FLORGATE FL 33063 US			Manager above				
	resses are incorrect in any way, line thre		nformation and entering Office Address, If				_ _	 -	
New Principal Office Address, If Applicable New No. Suite, Apt. #, etc. Suite, Apr. # and the Applicable Suite, Apr. # and the Applicable Suite, Apr. # and the Applicable Suite, Apr. # and the Applicable				Аррисавіе	Date Incorporate To Do Busin	orated or Qualified ness in Florida	08/15/1994		
City & State		City & State			5. FEI Number	22-3327085	Applied Not Ap	d For	
Zip Country		Zip Coun		,	6. CERTIFICATE	E OF STATUS DESIRED	\$8.75 Additional Fee		
7. Names and	I Street Addresses of Each Officer and/				<u> </u>				
Title(s)	Name of Officers and/or Directors			eet Address of Each icer and/or Director Post Office Box Nu	mbers)	4	City / State / Zip	İ	
D ZI	IPKIN, ANNETTE		2006 NW 55TH A		FLORGATE FL 33063				
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Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
ZIPKIN, ANNETTE					O. Box Number	is Not Acceptable)		40 (9/38)	
2000 NW 55TH AVE. FLORGATE FL 33063				Suite, Apt. #, Etc.				CR2E040	
		City State Zip Code							
10. l, being ap	pointed the registered agent of the abo	ve named corpo	oration, am famillar wi	th and accept the ob	ligations of Section	on 607.0505, F.S.	FL		
Signature of Registered Age	ent RE	I URE	E REQUENT MUST SIGN	JIRED		Date			
	corporation owes or hangible Personal Propert			Yes 📈	No 🗆		other side for information on intangible tax.)		
this reinstat owed by the	at I am an officer or director or the receive tement application, the reason for disso e corporation have bean paid and the in lication is true and accurate, and my sig	lution has been ames of Individu	Eliminated, the corpousless listed on this form	rate name satisfles t n do not qualify for a	he requirements in exemption und	of section 607.0401 or	or 617.0401, F.S., that all I	fees	
SIGNATU	RE: SIGNATURE AND TYPE OR PRI	Z R	REQUIF	RED	 	Date OS4	969 926 Daytime Phone #	7	
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Kantor & Schneider

Certified Public Accountants

200 S. Pine Island Rd. Suite 206 Plantation, Florida 33324 (954) 474-8500 FAX (954) 474-8856

November 19, 1998

Florida Department of State Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Fl. 32314-6327

RE: Kaboom South, Inc. Document # P94000059947

2006 N.W. 55th Ave. Margate Fl. 33063

Dear Sir/Madam,

We are in receipt of your notice of Administrative Dissolution or Revocation for our above mentioned client.

We have just taken over this client from a hostile accountant in New York City who told our new client that he(the CPA) would take care of the Annual Report and many other reports such as payroll and income taxes. He did not take care of anything and now our client is paying the consequences for the accounting firms mistakes in New York.

We ask that the state accept the enclosed check for \$150.00 and to reinstate our client due to mitigating circumstances beyond his control and with no malicious intent to the state. We have never had to write a letter like this, and we are embarrassed that another CPA would drop the ball so badly. We hope you office understands this situation and accepts our proposal.

We Thank You in advance.

Steven M. Kantor C.P.A

For the Firm

Sincerely