1 of 2

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008644

1. Entity Name

Kantú, Inc.

APPROVED AND FILED

03 SEP 18 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3639 Newport Avenue		3639 Newport Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Boynton Beach, FL		City & State: Boynton Beach, FL	
Zip: 33436	Country: USA	Zip: 33436	Country: USA

4. FEI Number 65-0548894 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Melo Wilbur, Barbara

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

3639 Newport Avenue

City: Boynton Beach FL Zip Code 33436

8. 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. I am familiar with, and accept the obligations of registered agent.

200022484722
08/21/03--01054--015 **300.00

SIGNATURE: [signature] BARBARA M. WILBUR — 9/15/03

Signature, typed or printed name of registered agent and title if applicable — DATE

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR (DIRECTOR)	TITLE	
NAME	Melo Wilbur, Barbara	NAME	
STREET ADDRESS	3639 Newport Avenue	STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33436	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — 6/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

P9500008614

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TO: V.B. Report
FROM: KANTV INC

I did not recieve the form, please waive late fees.
Enclosed is a check for. $150.00. (300/00

Thank you

Barbara Wilbur

6/20/03