

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 13 PM 4:25

DOCUMENT # P9500000 9096

1. Corporation Name

KIRMS COMMUNICATIONS, INC.

REINSTATEMENT 04-06

2. Principal Office Address

601 W MOODY BLVD

3. Mailing Office Address

601 W MOODY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BUNNELL FLOR. DA

City & State

BUNNELL FLORIDA

Zip

32110

Country

USA

Zip

32110

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/95

5. FEI Number

65-0557548

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

HARRY W KIRMS JR

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

601 W MOODY BLVD

Suite, Apt. #, Etc.

City

Bunnell

State

FL

Zip Code

32110

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/12/06

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
D	KIRMS, HARRY W JR	601 W MOODY BLVD	BUNNELL / FL / 32110

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 contained in Chapter 119, 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

[Signature] Harry W Kirms Jr Pres. and

Date

12/12/06

Daytime Phone #

386-588-3099