

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2005 OCT 24 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009448

1. Corporation Name

Kimberly Armstrong Design, Inc.

2. Principal Office Address

3843 Sherwood Blvd.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

USA

3. Mailing Office Address

3843 Sherwood Blvd.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

USA

REINSTATEMENT

00-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0554083

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

Kimberly Armstrong

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

3843 Sherwood Blvd.

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

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 10/21/05

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
Presi- dent	Kimberly Armstrong	3843 Sherwood Blvd. Delray Bch. FL 33445	Delray Beach, FL 33445

500060898615
10/24/05--01059--023 **900.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/05

Date

561-496-1702

Daytime Phone #

10/28

212

October 21, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Request for Waiver of \$600 Reinstatement Fee

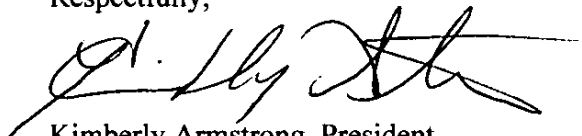
To Whom It May Concern:

Please find enclosed an application for reinstatement for my corporation as well as a check for the balance due of \$900.00 in past filing fees since the year 2000.

I did not receive any information from your Division since the year 2000, and was not aware that my corporation had been dissolved. We had moved prior to this, so I assume this is the reason why we did not receive any annual filing paperwork.

Thank you in advance for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read 'K. Armstrong', with a long horizontal flourish extending to the right.

Kimberly Armstrong, President
Kimberly Armstrong Design, Inc.