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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 JUN 24 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000030309

**1. Corporation Name**

Kimberly Charters, Incorporated

**2. Principal Office Address**

3180 Cortez Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

USA

**3. Mailing Office Address**

3180 Cortez Road

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 01-05**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4-18-95

**5. FEI Number**

59-3312245

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 R. Robinson

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

1301 1st Street South

Suite, Apt. #, Etc.

#204

City

Jacksonville Beach

State  
**FL**

Zip Code

32250

000058732800

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**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

*Kimberly R. Robinson, Pres.*  
REGISTERED AGENT MUST SIGN

Date 6/5/05

**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
P	Kimberly R. Robinson	1301 1st St. S. #204	Jacksonville Beach Jackson Beach, FL 32250
V2	Ernestine Robinson	3180 Cortez Road	Jacksonville, FL 32245

**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:**

*Kimberly R. Robinson*  
*Kimberly R. Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/05

Date

(904) 881-5011

Daytime Phone #

T. Roberts JUN 24 2005

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**Kimberly Charters, Inc.**  
**3180 Cortez Road**  
**Jacksonville, Florida 32246**  
**(904) 645-0944**


Department of State  
Division of Corporations  
Tallahassee, Florida

Re: Reinstatement of Kimberly Charters, Inc.

Dear Sirs:

Please find my request for reinstatement attached hereto. I never received an annual report, to the best of my knowledge and belief. Please reinstate my corporation, as I am in the process of applying for a loan and am havnig difficulty because they are pulling my company up on the internet and seeing that it is apparently in an inactive state. (2001 - 2005)

Thank You,

  
Kimberly R. Robinson  
(904) 881-5011