

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 MAR -4 PM 2:13

DOCUMENT

1. Corporation Name

p9500007247
KUUMBA INNOVATIONS Inc.

2. Principal Office Address

14510 Timucua Ct

Suite, Apt. #, etc.

3. Mailing Office Address

14510 Timucua Ct

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32837

Country

USA

Zip

32837

Country

USA

REINSTATEMENT 96-03

800013521628

03/04/03--01090--014 **1800.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/95

5. FEI Number

593339307

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

NINA D. FRAZIER

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

14510 Timucua Ct

Suite, Apt. #, Etc.

Or

City

Orlando

State
FL

Zip Code

32837

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

Nina D. Frazier

Date

2-23-03

REGISTERED AGENT MUST SIGN

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
Pres Direct	NINA D. FRAZIER	14510 Timucua Ct	Orlando, FL 32837

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:

Nina D. Frazier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-25-03

Daytime Phone #

407
428.5850

NINA D. FRAZIER

CR2081 (1/002)