

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 22 AM 11:45

DOCUMENT # P96000037764

1. Corporation Name

KIMMAIL GROUP, INC.

Principal Place of Business

Mailing Address

610 CAMBRIDGE DRIVE  
FT. LAUDERDALE FL 33326

610 CAMBRIDGE DRIVE  
FT. LAUDERDALE FL 33326



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0660270	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 (Additional Fee required for a Certificate of Status)	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	VOYTEK-HAMILTON, KIM E	610 CAMBRIDGE DRIVE	FT. LAUDERDALE FL 33326

3000003033263--6  
-11/02/99--01108--024  
\*\*\*150.00 \*\*\*150.00

10/18/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VOYTEK-HAMILTON, KIM E 610 CAMBRIDGE DRIVE FT. LAUDERDALE FL 33326		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. 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: Kim Voytek Hamilton 10/18/99 384-0231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Kim Voytek Hamilton

## Kimmail Group, Inc

610 Cambridge Drive • Ft. Lauderdale, FL 33326  
Telephone (954) 384-0231 • Fax (954) 384-0137  
E-Mail @ GH@onlyh2o.com

October 14, 1999

Kathy Hyman  
Florida Department of State  
Divisions of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314


Re 65-0660270

Dear Kathy Hyman,

As per our conversation and your instructions I am forwarding to you my letter concerning the dissolution of my corporation. I am to understand that I should have been receiving an annual report from the Department of Corporations every January. As of the date of this letter I have never received this report for my corporation.

In order to prevent this from occurring again, I have noted on my schedule to contact your office in February if no report is received in January of each calendar year. I am sure you can appreciate that running a small business is very hectic on a daily basis and I would hope that your department could understand my concern with this matter. Enclosed is a check for \$150.00 for the annual corporation renewal.

Sincerely,



Kim Voytek-Hamilton  
President  
KIMMAIL Group, Inc.