

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 28 PM 2:13

DOCUMENT # **P96000087135**

1. Corporation Name

KAZMAS, INC.

2. Principal Office Address

292 8TH AVENUE N
Suite, Apt. #, etc.

City & State

TIERRA VERDE FL

Zip

33715

Country

USA

3. Mailing Office Address

P.O. BOX 14156
Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip

33766-4156

Country

USA

REINSTATEMENT 98-01

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

5. FEI Number

59-2444180

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

L. JOHN GUERIN, JR.

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

1042 MAIN STREET

Suite, Apt. #, Etc.

#204

City

DUNEDIN

State

FL

Zip Code

34698

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

REGISTERED AGENT MUST SIGN

Date **2-21-01**

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	ROLAND E. B. CHILDE	292 8TH AVENUE N	TIERRA VERDE FL 33715
VP	L. JOHN GUERIN, JR.	PO BOX 14156	CLEARWATER FL 33766

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. JOHN GUERIN, JR

2-21-01

Date

727-738-5566

Daytime Phone #

CR2E081 (9/00)