

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 NOV 18 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087135

1. Corporation Name

KAZMAS, INC.

2. Principal Office Address - No P.O. Box #  
2494 BAYSHORE BLVD

Suite, Apt. #, etc.  
#102

City & State  
DUNEDIN, FL

Zip  
34698

Country  
US

3. Mailing Office Address  
P.O. BOX 14156

Suite, Apt. #, etc.

City & State  
CLEARWATER, FL

Zip  
33766

Country  
US

**REINSTATEMENT** 03-10

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 10/22/1996

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  
LEO JOHN GUERIN, JR.

Street Address (P.O. Box Number is Not Acceptable)  
2494 BAYSHORE BOULEVARD

Suite, Apt. #, Etc.  
102

City  
DUNEDIN

State Zip Code  
FL 34698

11/18/10--01033--001 \*\*1800.00  
200187919372  
11/18/10--01033--001 \*\*1800.00

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 11-15-2010

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/S/T/D	LEO JOHN GUERIN, JR.	2494 BAYSHORE BLVD #102	DUNEDIN, FL 34698
		11/18	

10. E-mail Address: CPACPT@MAIL.COM

(To be used for future annual report notification)

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. I further certify, 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:

11-15-2010 727-738-5566

SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #