PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP 23 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087371

1. Corporation Name
KIMERA PUBLISHING, INC. N98000021402

Principal Place of Business	Mailing Address
9737 NW 41ST Ste 437 MIAMI, FL 33178	9737 NW 41ST Ste 437 MIAMI, FL 33178

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
9737 NW 41ST	9737 NW 41ST
Suite, Apt. #, etc.: 437	Suite, Apt. #, etc.: 437
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33178 Country: DADE	Zip: 33178 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P-D	HECTOR BOTERO.	9737 NW 41ST Ste 437 MIAMI, FL 33178	MIAMI, FLORIDA, 33178

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-09/24/98--01081--005
*****315.00 *****315.00

REINSTATEMENT

97-98

B. 9/23

8. Name and Address of Current Registered Agent

BIG 10 TRADING CORPORATION INC.
7907 N.W. 53 ST Ste 163
MIAMI, FL 33166.

9. Name and Address of New Registered Agent

Name: HECTOR BOTERO.
Street Address (P.O. Box Number is Not Acceptable): 9737 NW 41ST Ste 437
Suite, Apt. #, Etc.: 437
City: MIAMI State: FL Zip Code: 33178

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: X [signature] Date: X 14-09-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filin this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or §17.0401, F.S., and that a fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if mad under oath.

SIGNATURE: X [signature] X 14-09-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #