

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 APR -3 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087371

1. Corporation Name

KIMERA PUBLISHING, INC.

Principal Place of Business

9737 NW 41 ST Ste 437
MIAMI, FL 33178

Mailing Address

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

1170 S.W. 142 PL

3. New Mailing Address, if Applicable

1170 SW 142 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10-23-1996

5. FEI Number

65-0810999

Applied For

Not Applicable

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33184

Country

DADE

Zip

33184

Country

DADE

CERTIFICATE OF STATUS DESIRED ☐

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P-D	HECTOR BOTERO	1170 SW 142 PL	MIAMI, FL 33184
VP-D	MARIA E. CABRERA DE BOTERO	1170 SW 142 PL	MIAMI, FL 33184
ST-D	SANDRA BOTERO CABRERA	1170 SW 142 PL	MIAMI, FL 33184

1000003224031-3
-04/26/00--01006--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent

HECTOR BOTERO
9737 NW 41ST Ste 437
MIAMI, FL 33178

9. Name and Address of New Registered Agent

Name HECTOR BOTERO
Street Address (P.O. Box Number is Not Acceptable)
1170 SW 142 PL
Suite, Apt. #, Etc.
City MIAMI
State FL Zip Code 33184

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

[Signature]

Date

03-27-00

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 release 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. I further 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., and that all 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 under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-00

Date

Daytime Phone