

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



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

FILED
02 MAR 21 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096717

1. Corporation Name

Kim + Mark Team Inc.

4BR
01-02

2. Principal Office Address

1564 S.E. Ballantrae Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

1564 S.E. Ballantrae Ct.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FLA.

City & State

Port St. Lucie, Fla.

Zip

34952

Country

U.S.A.

Zip

34952

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 27, 1996

5. FEI Number

65-0705682

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas L. Romeo

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

3111 Stirling Road

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33312-6525

100005236611-8

04/10/02-01078-029

****308.75 ****308.75

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

Thomas L. Romeo

REGISTERED AGENT MUST SIGN

Date 03/16/02

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
President	Frank M. Kenny	1564 S.E. Ballantrae Ct.	Port St. Lucie, Fla. 34952
Vice	President Kimberly J. Kenny	1564 S.E. Ballantrae Ct.	Port St. Lucie, Fla. 34952

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:

Frank M. Kenny Frank M. Kenny Pres.

3-14-02 772-337-1189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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FRANK M. KENNY

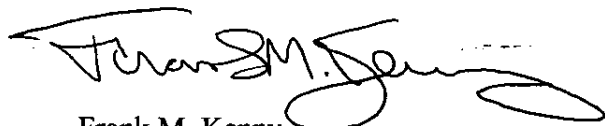
1564 S.E. Ballantrac Ct.
PORT ST. LUCIE
FLORIDA
34952
561-337-1189

March 14, 2002

Dear Ms. Lewis:

As per the telephone conversation with you on March 7th, 2002, I have completed the corporate reinstatement form and have enclosed a check for \$300.00 to cover the years 2001 and 2002. Again, thank you for your understanding in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank M. Kenny", with a large, stylized flourish at the end.

Frank M. Kenny
President, Kim & Mark Team Inc.