PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REGISTRATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 PM 6:11

DOCUMENT # P97000002956

Corporation Name

CIMKIR INC.

Principal Place of Business	Mailing Address
3732 HENDERSON BLVD TAMPA FL 33609	3732 HENDERSON BLVD. TAMPA FL 33609

If changes are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/06/1997

5. FEI Number: 593048896 ☐ Applied For ☐ Not Applicable

6. 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	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CIMINO, STEPHEN C	3732 HENDERSON BLVD.	TAMPA FL 33609
D	CIMINO, ALISA S	3732 HENDERSON BLVD.	TAMPA FL 33609

700003019817--3
-10/20/99--01066--021
****300.00 ****300.00

10/19

8. Name and Address of Current Registered Agent

CIMINO, STEPHEN C
3732 HENDERSON BLVD.
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E140 (6/98)

I hereby accept the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

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 a 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: _____ STEPHEN C CIMINO 10/6/99 813-875-9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042773 AI

10-6-99

To Whom it May Concern:

I have recently been informed by my financial institution that our corporation, CimKir Inc, has been dissolved.

Via a phone conversation today with Kristen, at 850-487-6059, I was made aware that your office tried to notify us by mail that they required our FEI number to process our reinstatement application filed 11-27-98. We never received this correspondance.

At this time we are again sending in an application for reinstatement. Kristen informed me that using a photocopy of the application was alright provided it bears all pertinent information and original signatures. Enclosed along with the application is a check for $300- as payment for 1998 & 1999. which she said is all that is required.

I hope these actions will reactivate our corporation and put an end to this confusion.

Thank You

Alisa S. Cimino

Alisa S. Cimino, vice president.