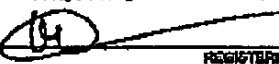


07 APR 17 PM 2:45

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000105644 1. Corporation Name KYDD, INC.			
2. Principal Office Address - No P.O. Box 16072 Bristol Isle Way Suite, Apt. #, etc.		3. Mailing Office Address 16072 Bristol Isle Way Suite, Apt. #, etc.	
City & State Del Ray Beach, FL Zip 33446 Country USA		City & State Del Ray Beach, FL Zip 33446 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 12/15/1997		5. FEI Number 650 802 365	
6. Certificate of Status Desired ☐ 9275 Act Under Federal Law (For 9275, see instructions)		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
7. Name and Address of Current Registered Agent Matthew J. Cannold 16072 Bristol Isle Way Suite, Apt. #, etc. Del Ray Beach, FL Zip 33446			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S. Signature of Registered Agent  Date 4/16/2007 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Please complete corporation must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Matthew J. Cannold	16072 Bristol Isle Way	Del Ray Beach, FL 33446
10. I certify that I am an officer or director of the stockholder 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607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been withdrawn, the corporate taxes under the requirements of section 607.0605 or 617.0605, F.S., that all fees owed by the corporation have been paid and the names of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 contained in Chapter 415, 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 		Date 04/16/2007 561-756-6933 Daytime Phone #	

OK'D By Michelle

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000101381 3)))



H070001013813ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

KYDD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,800.00

Electronic Filing Menu

Corporate Filing Menu

Help