FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.**

# REINSTATEMENT

00-07

CR2E061 (1/07)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 16072 Bristol Isle Way | 16072 Bristol Isle Way |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Del Ray Beach, FL | City & State: Del Ray Beach, FL |
| Zip: 33446 Country: USA | Zip: 33446 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/1997

5. FEI Number: 650802365 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required (for Certified Copy or Copies)

7. Name and Address of Current Registered Agent

Name: Matthew J. Cannold

Street Address (P.O. Box Number is Not Acceptable): 16072 Bristol Isle Way

Suite, Apt. #, Etc.:

City: Del Ray Beach, FL State: FL Zip Code: 33446

☐ 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.

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: MH — Date: 4/16/2007

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| PSTD | Matthew J. Cannold | 16072 Bristol Isle Way | Del Ray Beach, FL 33446 |
| | | | |
| | | | |
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10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: MH — 04/16/2007 — 561-756-6933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OK'D By Michelle

# Florida Department of State
## Division of Corporations
### Public Access System

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# CORPORATION REINSTATEMENT

**KYDD, INC.**

| | |
|---|---|
| Certificate of Status | 0 |
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| Page Count | 02 |
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