

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 19 AM 9:49
COUNTY OF TALLAHASSEE, FLORIDA

DOCUMENT # P98000041484

1. Corporation Name

KIMKI CORP.

2. Principal Office Address

5691 SW 8th St.

Suite, Apt. #, etc.

3. Mailing Office Address

5691 SW 8th St

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33317

Country

USA

Zip

33317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1998

5. FEI Number

65-0834657

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KIM MAYER

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

5691 SW 8th St

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

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

Kim Mayer

REGISTERED AGENT MUST SIGN

Date

7/11/05

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
PTD	KIM MAYER	5691 SW 8th St	PLANTATION, FL 33317
SUD	TOWNSEND MAYER	5691 SW 8th St	PLANTATION, FL 33317

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOWNSEND MAYER

Date

7/11/05

Daytime Phone #

954 688-5748

CR2E081 (01/05)