

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 JUN 13 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000080653**

1. Corporation Name

KMA MINING INC.
P. O BOX 7537
NORTH PORT, FL 34287

200004481672--4
-07/17/01--01098--023
****150.00 ****150.00

200004481672--4
-07/17/01--01098--022
****750.00 ****750.00

2. Principal Office Address

2308 TROPIC AIRE BLVD

Suite, Apt. #, etc.

P.O. BOX 7537

City & State

NORTH PORT, FL

Zip

34287

Country

USA

3. Mailing Office Address

P.O BOX 7537

Suite, Apt. #, etc.

City & State

NORTH PORT, FL

Zip

34287

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650909764

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

CINDY L. AYLSWORTH

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

P.O. BOX ~~7537~~ 7537

Suite, Apt. #, Etc.

2308 TROPIC AIRE BLVD

City

NORTH PORT, FL

State

FL

Zip Code

34287

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

Cindy L. Aylsworth
REGISTERED AGENT MUST SIGN

Date **12/31/00**

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
PRES	CINDY L AYLSWORTH	2308 TROPIC AIRE BLVD P.O BOX 7537, N PORT, FL	NORTH PORT, FL 34287
VICE	THOMAS RITZMANN	2308 TROPIC AIRE, BLVD P.O BOX 7537, N PORT, FL	NORTH PORT, FL 34287

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:

Cindy L. Aylsworth **CINDY L. AYLSWORTH** **429 9676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #