

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 23 AM 9:15

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000064663

1. Corporation Name

KMD Design and Marketing Group Inc.

2. Principal Office Address - No P.O. Box #

6303 Walsh Ct.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33625

Country

USA

3. Mailing Office Address

6303 Walsh Ct.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33625

Country

USA

200184623232
08/23/10--01045--007 **1200.00
CR2E081 (11/09)

07-10

4. Date Incorporated or Qualified

To Do Business in Florida **7/14/1999**

5. FEI Number

593597407

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

Mark E. Drayne

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

6303 Walsh Ct.

Suite, Apt. #, Etc.

City

Tampa, Florida

State

FL

Zip Code

33625

☐ 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

REGISTERED AGENT MUST SIGN

Date

8/16/10

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
P	Mark E. Drayne	6303 Walsh Ct.	Tampa, Florida 33625
V	Karen S. Drayne	6303 Walsh Ct.	Tampa, Florida 33625

10. E-mail Address: **kmdgroup@gate.net**

(To be used for future annual report notification)

11. 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. I further certify 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

MARK E. DRAINE

Date

Daytime Phone #

8/16/10

813-239-7268