

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 JAN 24 PM 2:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000094027

1. Corporation Name

KIMBERLY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

5283 WEST ATLANTIC AVE. DELRAY BEACH FL 33484

5283 WEST ATLANTIC AVE. DELRAY BEACH FL 33484



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0960572

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED [] \$8.75 Additional Fee required for a Certificate of Status

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, CARUSO, KIMBERLY J, 5283 WEST ATLANTIC AVE., DELRAY BEACH FL 33484.

500003654275--6 -02/06/01--01079--013 ***750.00 ***750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRICKE, HENRY A 2500 MILITARY TRAIL, STE. 200 BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Signature of Henry A. Fricke

REGISTERED AGENT MUST SIGN

Date

12/15/00

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 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 of Kimberly J. Caruso, Pres. Kimberly J. CARUSO

Date 12/15/00

Daytime Phone # 561-499-9935

CR2E040 (8/00)