

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -8 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000098126*

1. Corporation Name

Kim Guice, Inc

2. Principal Office Address

1025 NW 124th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Springs

City & State

Florida

Zip

33071

Country

BROWARD

Zip

Country

100015443101

04/08/03--01002--012 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0963579

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 Guice

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

1025 NW 124th Ave

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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

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
<i>Pres</i>	<i>Kim Guice</i>	<i>1025 NW 124th Ave</i>	<i>Coral Springs, FL 33071</i>

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

Date

Daytime Phone #

4/2/03 954 254 5078

CR2E081 (10/02)

2/4/8

Astute Tax and Accounting, Inc.

5450 Northwest 33rd Avenue
Suite 111
Fort Lauderdale, Florida 33309

(954) 484-1950
Fax (954) 484-1199

MARCH 19, 2003

UNIFORM BUSINESS REPORTS
DEPARTMENT OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: KIM GUICE, INC.
DOCUMENT # P99000098126
FEI # 65-0963579

GENTLEMEN:

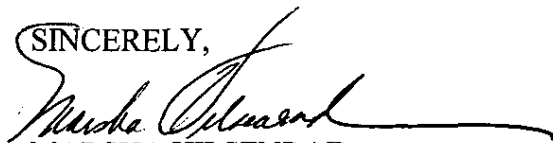
WE ARE THE ACCOUNTANTS FOR THE ABOVE MENTIONED CORPORATION. MS. GUICE WAS UNAWARE THAT SHE HAD NOT PAID HER UNIFORM BUSINESS REPORT FOR 2002.

MS GUICE DID NOT REALIZE THAT SHE DIDN'T RECEIVE THE FORM AS SHE HAD A ONE YEAR OLD IN THE HOSPITAL, WAS PREGNANT WITH HER SECOND CHILD AND NOT FEELING WELL, AND MOVED ALL IN A PERIOD OF 2 MONTHS. SHE DID NOT KNOW IF SHE WAS COMING OR GOING. HER NOT FILLING THE REPORT WAS A COMPLETE OVERSIGHT.

WE ARE ENCLOSING A CHECK FOR LAST YEARS REPORT AND THIS YEARS REPORT ALONG WITH A REINSTATEMENT FOR AND HOPE THAT YOU WILL BE KIND ENOUGH TO WAVE THE PENALTY FEES.

THANK YOU IN ADVANCE FOR YOUR KIND CONSIDERATION IN THIS MATTER.

SINCERELY,



MARSHA HILSENRAD
OFFICE MANAGER
ASTUTE TAX & ACCOUNTING, INC.