PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			5	Secretar	TMENT of State			17	SEP 28			
DOCUMENT # P99000109793 1. Corporation Name								TĂCĂ COLT E TECRIDA					
K&M Systems, Inc									Mh				
2. Principal Office Address - No P.O. Box # 2033 Wilbur Ave				3. Mailing Office Address 2033 Wilbur Ave				CRIEBLINON NO OW-07					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					orated or Qualifie	12/17	'/QQ	7	
San Diego				City & State San Diego CA				74-2940740 Applied For Not Applicable					
^z ₉ 210	92109 ÜSA		9 2109		Country	4	6. CERTIFICATE OF STATUS DESIRED 59.75 Additional Fee re- for a Certificate of Sta			ditional Fee requ	tirec		
7. Name and Address of Current Registre Mary Nicole Majernik 9008 NW 38 Drive Suite, Apt. #, Etc. Coral Springs						State 33065			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 May Date 9/25/17 REGISTERED AGENT MUST SIGN													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le]	
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City / State / Z	ip —		
Р	Mary Nicole Majernik			2033 Wilbur Ave			•	San D	iego, C	A 9210	9		
S	Mark Patrick Majernik				2033 Wilbur Ave			9	San D	iego, C	A 9210)9	
								69/2l	00110 8/07010	00522 23009	46 **308.75		
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 fiting 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 afforthe names of individuals listed on this form do-not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the game legal effect as if made under oath. SIGNATURE: SIGNATURE NOT TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR.													





2033 Wilbur Ave. San Diego, CA 92109

September 27, 2007

Department of State Division of Corporations 2661 W Executive Center Circle Tallahassee, FL 32301

RE: P99000109793

To Whom It May Concern:

Enclosed please find the signed and completed Corporation Reinstatement form. We have also enclosed 2 years of fees for the annual report and supplemental fee also an additional fee for a Certificate of Status. We are requesting that the Reinstatement fee of \$600.00 be waived since we never received any notice nor did our registered agent.

Thank you for consideration with this matter.

Sincerely,

lary Nicole Majernik