

2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--|---|---|--|--|--|
| DOCUMENT # S02025 1. Entity Name KIMARAH INC. | |  | | FILED 06 FEB -8 PM 12:41 SECRET TALLAHASSEE, FLORIDA | |
| Principal Place of Business 939 E ALTAMONTE DR. ALTAMONTE SPRINGS, FL 32701 US | | Mailing Address 947 E ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701 US | |  | |
| 2. Principal Place of Business 1494 W. State Rd. 434 Suite, Apt. #, etc. | | 3. Mailing Address 1494 W. State Rd., 434 Suite, Apt. #, etc. | | REINSTATEMENT 05-06 202022006 REIN.P CR2E098 (11/03) | |
| City & State Longwood, FL Zip 32750 | | City & State Longwood, FL Zip 32750 | | 4. FEI Number 59-3024518 | |
| Country Seminole | | Country Seminole | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARTHELEMY, HERLA M. 523 BOXELDER AVE. ALTAMONTE SPRINGS, FL 32714 | | | 7. Name and Address of New Registered Agent Name Herla Barthelemy Street Address (P.O. Box Number is Not Acceptable) 677 Sabal Palm Cr. City Altamonte Springs FL Zip Code 32701 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE Herla Barthelemy (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARTHELEMY, HERLA M. 677 SABAL PALM CR ALTAMONTE SPRINGS, FL 32701 | <input type="checkbox"/> Delete | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Herla Barthelemy | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |