APPLICATION FOR REINSTATEMENT 91-97

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

FILED
97 FEB 11 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # S17462

KARMORE ENTERPRISES, INC.
444 Brickell Avenue
3rd Floor - Suite 300
Miami, Florida 33131

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number		5. $8.75 Annual Report Fee for a Florida Profit Corporation
12/11/1990		X FEI Number Not Applicable*	CERTIFICATE OF STATUS DESIRED ☐

*FEI will be applied for upon reinstatement

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PSD	John P. Corrigan	444 Brickell Avenue Suite 300	Miami, Florida 33131

600002094416--5
-02/21/97--01080--009
***1445.00 ***1445.00

REINSTATEMENT 91-97 2/20/97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

John P. Corrigan
444 Brickell Avenue
Suite 300
Miami, Florida 33131

8. Name and Address of New Registered Agent and/or Office

Name

600002094416--5
-02/21/97--01080--010
****191.25 ****191.25

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL. Zip

9. 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 John P. Corrigan
REGISTERED AGENT MUST SIGN

Date February 10, 1997

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 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., and the fees owed by the corporation have been paid. 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 of Officer or Director John P. Corrigan

Date Feb. 10, 1997 Daytime Phone # (305) 358-5800

Typed or printed name of signing officer or director John P. Corrigan

TOTAL P.04