

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 499198

1. Corporation Name

KAKY JOHN INC.

2. Principal Office Address

2415 GRAND Blvd

Suite, Apt. #, etc.

City & State

HOLIDAY

Zip

34690

Country

FLORIDA

3. Mailing Office Address

2482 Allegro Ave

Suite, Apt. #, etc.

City & State

SPRING Hill

Zip

34609

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/76

5. FEI Number

591652788

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Addition
for a Certificate

FILED

05 AUG 24 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/31/05--01035--010 **458.75

REINSTATEMENT-05

7. Name and Address of Current Registered Agent

Name

JOHN R. Frenette

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

2482 Allegro Ave

Suite, Apt. #, Etc.

City

SPRING Hill

State

FL

Zip Code

34609

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

John R. Frenette

REGISTERED AGENT MUST SIGN

Date

8/18/05

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	JOHN Frenette	2482 Allegro Ave	SPRING Hill, FLA. 34609

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:

JOHN R. Frenette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/18/05

Daytime Phone #

352-
6660694

CR2001 (01/05)