

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060671

1. Corporation Name

CATHY A. KELLOM, INC.

Principal Place of Business

Mailing Address

~~1724 BRIGHT MEADOW COURT~~
~~ORLANDO FL 32818~~

~~1724 BRIGHT MEADOW COURT~~
~~ORLANDO FL 32818~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

361 LARGO CAY CT

Suite, Apt. #, etc.
104

City & State
Ocoee FL

Zip
34761

Country
ORANGE

3. New Mailing Office Address, If Applicable

361 LARGO CAY CT

Suite, Apt. #, etc.
104

City & State
Ocoee FL

Zip
34761

Country
ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2000

5. FEI Number

59-3656974

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KELLOM, CATHY A	1724 BRIGHT MEADOW CT 361 LARGO CAY CT # 104	ORLANDO FL 32818 Ocoee, FL 34761

500008701265
10/30/02--01085--003 **150.00

8. Name and Address of Current Registered Agent

KELLOM, CATHY A
1724 BRIGHT MEADOW COURT
ORLANDO FL 32818

9. Name and Address of New Registered Agent

Name

KELLOM, CATHY A.

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

361 LARGO CAY CT

Suite, Apt. #, Etc.

104

City

Ocoee

State
FL

Zip Code
34761

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02

Date

401-896-7114

Daytime Phone #

CR2E040 (8/02)

10-28-02

I never received the previous forms due to relocating, I put my corrected address on the application for reinstatement.

Sincerely,

Cathy G. Kallam