## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  Secretary of State Division of Corporations				_	FILED 10 JUN -7 AM 10: 07		
DOCUMENT # P05000095758  1. Corporation Name KELZO ,INC.				Ti	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
W1000023582				1 O) 05/07/	100180564071 05/07/1001037002 **150.00		
Principal Office Address - No P.O. Box #     3. Mailing Office Address				06/07/10-01066-003 ***300.00			
Suite, Apt. #, etc.	19104 UCS Suite, Apt. #, etc.	West DIXIC Has		REINSTATEMENT(4/10) 08-[U			
#302					porated or Qualified iness in Florida	- /	
City & State	City & State			5. FEI Numbe		Applied For	
Avontulo FL	puchtu/a			20-3175	•	Not Applicable	
33180 USA	zip 33180	Countr	y DSA	6. CERTIFICATI	E OF STATUS DESIRED S	3.75 Additional Fee require for a Certificate of Status	
7. Name and Address of Current Registered Agent					PROFIT CORPORATION	SONLY	
Name Denild Cabcalcs  Street Address (P.b. Box Number is Not Acceptable)  2-304			The \$600.00 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.				
Hallandolc		FL	3300				
8. I, being appointed the registered agent of the above Signature of Registered Agent RE	ve named corporation, am fa		rith and accept the	obligations of secti	Date P	_ /	
9. Names and Street Addresses of Each Officer and	f/or Director (Florida nonprof	it corpo	rations must list at	east 3 directors)			
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
P BENILEY CABRALES	190 N	E 19	10th st	#302_	Aventu/o	FL 33180	
	5		6/8				
10. E-mail Address: boning post. com. (To be used for future annual report notification)							
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. I further certify, 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: