

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathryn Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071493

1 Corporation Name

KALANCHIS, INC.

Principal Place of Business

Mailing Address

19355 TURNBERRY WAY, #2E
AVENTURA, FLORIDA 33180

19355 TURNBERRY WAY, #2E
AVENTURA, FLORIDA 33180

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

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc

JAMES V. ALBO
2020 N.E. 163rd ST, #300

City & State

City & State
NORTH MIAMI BEACH, FL 33162

Zip

Country

Zip

Country

4 Date Incorporated or Qualified
To Do Business in Florida

8/18/97

5 FEI Number

65-0781238

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 Titles	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 - State - Zip
D	MASLIAH, SAMUEL ALBERTO	19355 TURNBERRY WAY, #2E	AVENTURA, FL 33180

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

JAMES V. ALBO
2020 N.E. 163rd STREET, #300
NORTH MIAMI BEACH, FLORIDA 33162

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11 This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES V. ALBO

Date

Daytime Phone #

5/17/99 (305) 944-9100

2

April 28, 1998

Department of State
Division of Corporations
Tallahassee, Florida

Re: KALANCHIS, INC.
REINSTATEMENT FOR 1998 & 1999

To Whom it May Concern:

Please be advised that I have never received any correspondence from your office regarding Kalanchis, Inc. since the corporation was formed.

Furthermore, note that I have appointed JAMES V. ALBO, attorney-in-fact to execute any documents necessary to reinstate said corporation.

Finally, please send all future correspondence to my attorney, JAMES V. ALBO, ESQ. 2020 N.E. 163rd Street, North Miami Beach, Florida 33162.

Thank you for your attention to this matter.

Sincerely,

ALBERTO MASLIAH, President for Kalanchis

A handwritten signature in dark ink, appearing to read 'Al Masliah', is written over a horizontal line. The signature is fluid and cursive.