

- 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096496 1. Entity Name KALIL DESIGN INC			
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Principal Place of Business 408 W UNIVERSITY AVE 9C GAINESVILLE, FL 32601 US </td> <td style="width: 50%; vertical-align: top;"> Mailing Address 408 W UNIVERSITY AVE 9C GAINESVILLE, FL 32601 US </td> </tr> </table>			Principal Place of Business 408 W UNIVERSITY AVE 9C GAINESVILLE, FL 32601 US
Principal Place of Business 408 W UNIVERSITY AVE 9C GAINESVILLE, FL 32601 US	Mailing Address 408 W UNIVERSITY AVE 9C GAINESVILLE, FL 32601 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
 04 NOV -5 PM 4: 58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



10262004 REIN R CB2E088 (6/04)
REINSTATEMENT
 20-0208729

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent KALIL, ANTHONY 408 W UNIVERSITY AVE 9C GAINESVILLE, FL 32601	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES KALIL, ANTHONY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 800042521128 11/05/04--01040--006 **150.00 </div>
NAME	KALIL, ANTHONY	NAME	
STREET ADDRESS	408 W UNIVERSITY AVE #9C	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP	
TITLE	TRES KALIL, ANTHONY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIL, ANTHONY	NAME	
STREET ADDRESS	408 W UNIVERSITY AVE #9C	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP	
TITLE	SEC KALIL, ANTHONY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIL, ANTHONY	NAME	
STREET ADDRESS	408 W UNIVERSITY AVE #9C	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP	
TITLE	DIR KALIL, ANTHONY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIL, ANTHONY	NAME	
STREET ADDRESS	408 W UNIVERSITY AVE #9C	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY KALIL

Date

10/25/04

Daytime Phone #

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