

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -3 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750002

1. Corporation Name

Karlshof, INC.

2. Principal Office Address

1600 S "N" Street

Suite, Apt. #, etc.

3. Mailing Office Address

12776 Meadowbreeze DR.

Suite, Apt. #, etc.

City & State

LAKEWORTH FL.

City & State

Wellington FL.

Zip

33460

Country

US

Zip

33414

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1979

5. FEI Number

650326325

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shawn Watters

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

12776 Meadowbreeze DR.

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Shawn L. Watters

REGISTERED AGENT MUST SIGN

Date

11/26/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Shawn Watters	12776 Meadowbreeze DR.	Wellington FL. 33414
V/S	Marie-Luise Watters	12776 Meadowbreeze DR.	Wellington FL. 33414
D	Joshua Watters	1600 S "N" Street Apt 3	LAKE WORTH FL 33460
C/D	MARK NESTO	1175 N.W 20th Ave	Delray Beach FL. 33445

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:

Shawn L. Watters

SHAWN L. WATTERS

Date

11/26/02

Daytime Phone #

561-792-8068

561-301-6384

CR2E081 (9/01)

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