

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F05000006329**

1. Corporation Name

Kyp-Go, Inc.

2. Principal Office Address - No P.O. Box #

1564 Old Daytona Court

Suite, Apt. #, etc.

City & State

DeLand, Florida

Zip

32724

Country

U.S.A.

3. Mailing Office Address

1564 Old Daytona Court

Suite, Apt. #, etc.

City & State

DeLand, Florida

Zip

32724

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Robert Kyp

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

1551 Lakeside Drive

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32720

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

REGISTERED AGENT MUST SIGN

Date **January 18, 2010**

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
PC	Robert Kyp	1551 Lakeside Drive	DeLand, FL 32720
S	Elisabeth Kyp	1551 Lakeside Drive	DeLand, FL 32720

10. E-mail Address: **rkyp@aol.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/10 386-736-3990

FILED
10 JAN 21 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

400166854104
01/21/10--01043--003 **450.00
CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida **10/31/2005**

5. FEI Number
36-2534855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

R.S.K.

The 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.

OC 1/25