

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F67570

1. Corporation Name

TEMPTATIONS BY KATHY, INC.

Principal Place of Business

Mailing Address

12442 WILES ROAD
CORAL SPRINGS FL 33076

12442 WILES ROAD
CORAL SPRINGS FL 33076

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



700023900227
10/17/03--01033--015 **150.00

4. Date Incorporated or Qualified To Do Business in Florida

02/17/1982

5. FEI Number

59-2283341

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MERKLEIN, KATHLEEN M	9603 NW 36 MANOR	CORAL SPRINGS FL

07/10/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERKLEIN, JACK E
9603 NW 36 MANOR
CORAL SPRINGS FL 33065

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 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

Jack E Merkley
JACK E MERKLEY, Secretary

10/17/03

Date

954-214-2940

Daytime Phone #

CR2E040 (7/03)

Temptations

October 14, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

Re: 554196

Dear Sir or Madam:

Please understand that we never received the two prior uniform business reports. In the past 20 years this invoice has been paid on time. In addition, we never received the late notice. Please accept the enclosed check as payment for the reinstatement fees.

Sincerely,



Kathy Merklein
President