

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 APR -9 PM 3:40

DOCUMENT # F92000000543

1. Corporation Name

~~KATBAY, Inc.~~  
KBGP, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300004014553--1

-04/17/01--01109--026

\*\*\*\*700.00 \*\*\*\*700.00

300004014553--1

-04/17/01--01109--027

\*\*\*\*200.00 \*\*\*\*200.00

2. Principal Office Address

1700 WEE JANZEN DRIVE

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34744

Country

3. Mailing Office Address

c/o MEMULLEN CONSULTANTS  
200 PLAZA DRIVE

Suite, Apt. #, etc.

City & State

SECAUCUS NJ 07096

Zip

07096

Country

U.S.A.

**REINSTATEMENT**

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/92

5. FEI Number

76-0382941

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

MEMULLEN FLORIDA INC

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

1700 WEE JANZEN DRIVE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

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 [Signature] VP-MEMULLEN FLORIDA INC. Date 3/15/01  
REGISTERED AGENT MUST SIGN

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	JOHN MEMULLEN	9204 SWANE STREET c/o MEMULLEN CONSULTANTS INC	ORLANDO FL 32827
V	CARL A. BLUM JR	200 PLAZA DRIVE c/o MEMULLEN CONSULTANTS INC	SECAUCUS N.J 07096
V	ILIA SCRIVEN	200 PLAZA DRIVE	SECAUCUS N.J. 07096

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 (201) 392 2970  
Date Daytime Phone #

CR2E081 (9/00)