

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 DEC -9 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H29827**

1. Corporation Name

**KAREL KAY ENTERPRISES, INC.**

Principal Place of Business

729 N. EGLIN PARKWAY  
FT. WALTON BEACH FL 32547-2527

Mailing Address

729 N. EGLIN PARKWAY  
FT. WALTON BEACH FL 32547-2527

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2502369

Applied For

Not Applicable

City & State

City & State

4 Shamrock Dr  
Mary Ester, FL

Zip

Country

Zip

Country

32569

USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSD	RUSSELL, K. KAY	221 MIRACLE STRIP PARKWAY 4 Shamrock Dr	FT. WALTON BEACH FL Mary Ester, FL 32569

300002370033-6  
-12/12/97-01004-015  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUSSELL, KAREL K.  
221 MIRACLE STRIP PARKWAY 4 Shamrock Dr.  
FT. WALTON BEACH FL 32548 Mary Ester, FL 32569

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.

Signature of  
Registered Agent

*K. Kay Russell*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*K. Kay Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-97

Date

Daytime Phone #

CR2E040 (8/97)