

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 12 PM 1:41

DOCUMENT # K 75538

1. Corporation Name

KELC, INC.

2. Principal Office Address

7554 Estrella Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

MARCH 1989

5. FEI Number

65-0123058

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

MARK L. MENDEL

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

7554 ESTRELLA CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

300003433829-4
-10/20/00--01070--020
******758.75 ****758.75**

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

Mark L. Mendel

REGISTERED AGENT MUST SIGN

Date **OCT 11, 2000**

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
DSTV	MARK L. MENDEL	7554 Estrella Circle	
DP	JOAN D. MENDEL	Boca Raton, FL. 33433	

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:

Mark L. Mendel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 11, 2000

Date

(954)

421-5077

Daytime Phone #