## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS HORN FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 96 DEC 31 AM 7: 37 DOCUMENT # K94871 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA KALEVI, INC. Principal Place of Business Mailing Address 921 SOUTH B ST 921 SOUTH B ST LAKE WORTH FL 33460 LAKE WORTH FL 33480 REINSTATEMENTO 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 Date Incorporated or Qualified To Do Business in Florida 06/12/1989 Suite, Apt. #, etc. 5. FEI Number Applied For 65-0125257 City & State City & State Not Applicable Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip **VPD** GRANT, PENTTI K. 921 S. B ALEXANDRIA VA - LAKE WORTH 57 33460 GRANT, SUK, C. **VPD** 921 S B ST3 LAKE WORTH FL 33460 10295 CLEARY ST. #202 WITHROW, HELEN S MANASSAS VA 22110 100002047881 -01/07/97--01074--003 \*\*\*\*375.00 \*\*\*\*375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent KIVISTO, JUSSI-K. Stroet Address (P.O. Box Nu 1010-TENTH AVE N-LAKE WORTH FL 33460 WORTH 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 Dato 12-20-96 REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes l 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 filling this reinstalement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,401 or 617,001, F.S., that all foes 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.