## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 MAR 19 PH 12: 21
DOCUMENT# M56005  1. Corporation Name  KYKAK INC		LLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 4404 N. OCEDN DR	3. Mailing Office Address 4404 N. OCEZN DR.	200095810242 04/04/0701045010 **450.00 CR2E081 (1/07)
Suite, Apt. #, etc.  City & State  LAUDERD STEAM THE SELFU	City & State  LBTS, FLORUDIA	4. Date Incorporated or Qualified To Do Business in Florida 1987  5. FEI Number Applied For Not Applicable
Zip Country 333208 USA	Zip Country USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name  EDWBYD KYLE 60 UD  Street Address (P.O. Box Number is Not Acceptable)  3 0  ROXT ROYBY BUD  Suite, Apt. #, Etc.  82   City F. LAUEYDAE FL 333308		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 Date TOBON Date  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	
PRES E. KYLE 60ULD	3101 POHT POYAK BU	VD *821 Ft. LAUD, FL 33308
*		
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 filling 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 contained in Chapter 119, 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:		

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