

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT



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

FILED

96 SEP 23 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64093

1. Corporation Name
C.B. KELLY ENTERPRISES, INC.

Principal Place of Business
4910 PETRA COURT
WINTER SPRINGS FL 32708

Mailing Address
4910 PETRA COURT
WINTER SPRINGS FL 32708



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/08/1988	
City & State		City & State		5. FEI Number	
Zip		Country		NOT APPLICABLE	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	KELLY, CECILIO V.	4910 PETRA COURT	WINTER SPRINGS FL
DV	KELLY, CARMEN B.	4910 PETRA COURT	WINTER SPRINGS FL
			900001970719 -10/10/96--01058--011 ***200.00 ***200.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLY, CECILIO V.
4910 PETRA COURT
WINTER SPRINGS FL 32708

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: *[Handwritten Signature]* REGISTERED AGENT MUST SIGN Date: 9/19/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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: *[Handwritten Signature]* CARMEN B. Kelly 9/19/96 (407) 678-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (7/96)

②

September 19th, 1996
4910 Petra Court
Winter Springs, Florida 32708

Fl. Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Document # 1164093

Customer Service:

I just called this morning, about received on yesterday's mail a Notice of Administrative Dissolution or Revocation. The lady I just spoke with, told me to write a letter explaining it, I never received any other document for payment during the whole year, I don't understand it, because we have lived in this same house for the past 10+ years, but anyway, she told me to write this letter and send a \$ 200.00 check, so that is just what I am doing.

Truly yours,


Carmen B. Kelly
(407) 695-3606
(407) 678-4600

This Corp. is inactive, we never use it for any purposes yet.