

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1988

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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)

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

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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

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)(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:

CARMEN B. KELLY 9/19/96 (407) 678-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP20040 (7/96)

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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 -*