

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000060324

1. Corporation Name

Kalar Property Investment
Inc

2. Principal Office Address

16209 S. W 15th

Suite, Apt. #, etc.

City & State

Pembroke Pines

Zip

33027

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fla

Zip

Country

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

5. FEI Number

651007672

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 1B-04

FILED
MAR -8 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Anna Fleurino

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

16209 S. W 15th

Suite, Apt. #, Etc.

Pembroke Pines

City

2000300001122

03/08/04--01022--022 **750.00

State
FL

Zip Code

33027

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

REGISTERED AGENT MUST SIGN

Date

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
President	Anna Fleurino	16209 S. W 15 th Pembroke Pines Fla 33027	Pembroke Pines Fla 33027
VP	Larry L. Lewis	16209 S. W 15 th Pembroke Pines Fla 33027	Pembroke Pines Fla 33027
T	Kinnara R. Lewis	16209 S. W 15 th Pembroke Pines Fla 33027	Pembroke Pines Fla 33027
S	Keane P. Lewis	16209 S. W 15 th Pembroke Pines Fla 33027	Pembroke Pines Fla 33027

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anna Fleurino

3/5/04 305-469-9849

Tn