

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR -8 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P-01000004848

1. Corporation Name

THE HOLE KIT & CABOODLE, INC.

2. Principal Office Address

15613 Fisher Island Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fisher Island FL

Zip

33109

Country

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JAN. 12, 2001

5. FEI Number

05-1069759

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MICHAEL MER MELSTEIN

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

3211 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

# 305

City

CORAL GABLES, FL 33134

State

FL

Zip Code

33134

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

*[Signature]*

Date

4/1/04

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	City / State / Zip
Pres.	Daniel W. O'brady	15613 Fisher Island Dr.	Miami, FL 33109
V-Pres	Vic Bransletter	101 Ocean Ave <sup>VAT</sup> 7420	SANTA MONICA, CA 90402
Sec.	Moneke K. O'brady	15613 Fisher Is. Dr.	Miami, FL 33109

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]*

Daniel W. O'brady

Date

April 1, 2004 305-538-3471

Daytime Phone #

CR2E081 (01/04)