

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

FOR REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052315

1. Corporation Name

KAYVAN INVESTMENTS, INC.

Principal Place of Business

3895 HIGHWAY 97
MOLINO FL 32577

Mailing Address

3895 HIGHWAY 97
MOLINO FL 32577

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

05/25/2001

5. FEI Number

59-3735144

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	4 City / State / Zip
D	VAN DEESE, CHARLES	3895 HIGHWAY 97	MOLINO FL 32577

3000008756143
11/01/02--01044--018 **150.00

8. Name and Address of Current Registered Agent

VAN DEESE, CHARLES
3895 HIGHWAY 97
MOLINO FL 32577

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/24/02

11. 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

10/24/02 (850) 232-6473

Date

Daytime Phone #

Kayvan Investments, Inc.

3895 Hwy. 97
Molino, Fl. 32577

October 24, 2002

Department of State

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

Dear Sir or Madam:

We just received the packet for the 2002 Corporation Annual Report/Uniform Business Report form. We have very poor mail service in our area and sometimes do not receive mail until after the fact or not at all. We feel this is the case this time because we have not received any prior UBR reports. Please allow us to file this report now with the fee of \$150.00.

Thank you

A large, stylized handwritten signature in black ink, appearing to read 'Van Deese', written over a horizontal dashed line.

Van Deese
Kayvan Investments, Inc.