

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000003470

1. Corporation Name

KELACO CORPORATION

Principal Place of Business

Mailing Address

~~4373 NW 120TH LN~~
~~SUNRISE FL 33323~~

~~4373 NW 120TH LN~~
~~SUNRISE FL 33323~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1075 Sunset Strip
Suite, Apt. #, etc.
#203

3. New Mailing Office Address, If Applicable

1075 Sunset Strip
Suite, Apt. #, etc.
#203

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KELLIER, SEAN	4373 NW 120TH LN 1075 Sunset Strip #203	SUNRISE FL 33323 33313
O	Scott, Chris	1075 Sunset Strip #203	Sunrise FL 33313

100024567871
11/10/03--01082--006 **150.00

8. Name and Address of Current Registered Agent

KELLIER, SEAN
~~4373 NW 120TH LN~~
~~SUNRISE FL 33323~~

9. Name and Address of New Registered Agent

Name Kellier, Sean
Street Address (P.O. Box Number is Not Acceptable)
1075 Sunset Strip
Suite, Apt. #, Etc.
#203
City Sunrise
State FL Zip Code 33313

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

REGISTERED AGENT MUST SIGN

Date

10/30/03

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

Date

Daytime Phone #

10/30/03 (954) 650-1660

CR2040 (7/03)

Kelaco Corp.
1075 Sunset Strip
Suite # 203
Sunrise, Fl. 33313.

Phone 954 792 8267
Fax 954 792 8271

Kelaco Corporation

November 7, 2003

Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear: Sir/Madam

Subject: Reinstatement of Corporation

Due to the change of my business address, Kelaco did not receive the original reinstatement form in time to file for the year 2003.

Enclosed please find a check for One Hundred and Fifty Dollars (\$150.00) to reinstatement KELACO Corporation.

If you have any question please contact Mr. Sean Kellier.

Thank you.

Sincerely,



Sean Kellier
President
Kelaco Corporation