

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -6 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P020000008381

1. Corporation Name

Kelry Financial Services, INC

2. Principal Office Address

1451 W. Cypress Creek Rd.  
Suite, Apt. #, etc. suite 300

3. Mailing Office Address

same  
same

City & State

Ft. Lauderdale FL

City & State

same

Zip

33309

Country

USA

Zip

33309

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/24/02

5. FEI Number

04-3619295

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Todor (Todd) Stefan

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

1451 W. Cypress Creek Road

000026172720

01/20/04--01/06/04--007 \*\*300.00

Suite, Apt. #, Etc.

suite 300

City

Ft. Lauderdale

State

FL

Zip Code

33309

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]*

REGISTERED AGENT MUST SIGN

Date

1/5/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip            |
|--------|--------------------------------------|---|-------------------------------|
| Pres.  | John H. Regan                        | 1451 W. Cypress Creek Rd                          | ste 300<br>Ft. Lauderdale, FL |
| V.P.   | Todor Stefan                         | same  | same 33309                    |
|        |                                      |   |                               |
|        |                                      |   |                               |
|        |                                      |   |                               |
|        |                                      |   |                               |

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/04 (954) 489-2768(B)  
(954) 709-4323(C)

CR2E081 (10/02)