

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000056678

1. Corporation Name

KOALATY PRODUCTS, INC

REINSTATEMENT

000024022380 03
10/22/03--01062--021 **750.00

2. Principal Office Address

4532 W. Kennedy Blvd #110

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#110

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Zip

33609

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-21-2000

5. FEI Number

01-0706686

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

LENOIR, JOHN J

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

4532 W. Kennedy Blvd #110

Suite, Apt. #, Etc.

Tampa FL 33609

City

State

FL

Zip Code

33609

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

10-20-03

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
P	LENOIR, JOHN J	4532 W. Kennedy Blvd #110	Tampa FL 33609

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

John J Lenoir

10-20-03

Date

(813) 71-3120

Daytime Phone #

CR2001 (10/02)