

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063120

1. Corporation Name

KALEIGH, INC.

2. Principal Office Address

6870 NICHOLSON ROAD

Suite, Apt. #, etc.

City & State

MOLINO, FL

Zip

32577

Country

3. Mailing Office Address

6870 NICHOLSON ROAD

Suite, Apt. #, etc.

City & State

MOLINO, FL

Zip

32577

Country

REINSTATEMENT 03-04
000034376540
04/28/04--01014--009 **150.00
03/20/03 90111 025 \$150.00 WOP

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
32-0017624

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
LISA N ELLENBURG

Street Address (P.O. Box Number is Not Acceptable)
1136 ENGLISH LANE

Suite, Apt. #, Etc.

City
WESTVILLE

State
FL

Zip Code
32464

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

Lisa N. Ellenburg

REGISTERED AGENT MUST SIGN

Date 4-20-04

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	ALBERT J GODWIN	6870 NICHOLSON ROAD	MOLINO, FL 32577

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:

Albert J. Godwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 850-587-2205

Date

Daytime Phone #

CR2E081 (01/04)

KALEIGH, INC.

6870 Nicholson Rd.
Molino FL 32577

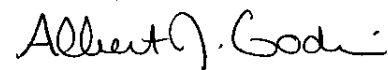
Phone 850-587-2205
Fax 850-587-4043

April 20, 2004

To whom it may concern,

I recently tried to file my 2004 for Profit Corporation Uniform Business Report for Kaleigh, Inc., Document# P02000063120. But I was listed as inactive. When I called to inquire about this I was told that you received my 2003 report but it was sent back for corrections. But I never received the notice so I was told to complete the Corporation Reinstatement Form and to mail in \$150.00 along with this letter. If you have any questions please contact me at (850)587-2205.

Sincerely,



Albert Jerry Godwin