

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2004 Annual Report

**CORPORATION**  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUL -8 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000070285

1. Corporation Name

**KISER LEE ENTERPRISES, INC.**

2. Principal Office Address: **100 SOUTH BUMBY AVE**  
Suite, Apt. #, etc.

3. Mailing Office Address  
Suite, Apt. #, etc.

City & State: **ORLANDO, FL**

Zip: **32803** Country: **USA**

4. Date Incorporated or Qualified To Do Business in Florida: **6/25/2002**

5. FEI Number: **82-0539640**  
Applied For: ☐ Not Applicable: ☐

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: **MOBLEY, FRANK**  
Street Address (P.O. Box Number is Not Acceptable): **100 S BUMBY AVE**  
Suite, Apt. #, Etc.: **A**  
City: **ORLANDO** State: **FL** Zip Code: **32803**

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: *Frank N. Mobley* Date: **7/2/2004**  
REGISTERED AGENT MUST SIGN

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
PD	MOBLEY, FRANK	100 S BUMBY AVE	ORLANDO, FL 32803
VPD	MOBLEY, RUBY	100 S BUMBY AVE	ORLANDO, FL 32803

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: *Frank N. Mobley* **MOBLEY, FRANK** Date: **7/2/2004** Daytime Phone #: **407 895-5933**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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JULY 2, 2004

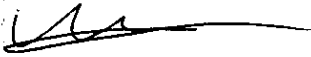
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that KISER LEE ENTERPRISES, INC. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2004). Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 895-5933. Document #P020000710285. Enclosed is \$150.00 for the year of 2004.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson

Robinson and Robinson Inc.