


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 28 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name *Kelly Pava Legal Service, Inc*
1119 Green Pine Blvd, # C1
West Palm Beach
PO 2-76913

2. Principal Office Address # *C1*
1119 Green Pine Blvd

Suite, Apt. #, etc. *C1*

City & State *West Palm Bch, FL*

Zip *33409* Country *Palm Beach*

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida *7-15-02*

5. FEI Number *03-0476788* Applied For
03-0476788 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

800022166068
08/08/03--01038--016 ***150.00

7. Name and Address of Current Registered Agent

Name *Nancy Kelly*
Street Address (P.O. Box Number is Not Acceptable) *1119 Green Pine Blvd, # C1*
Suite, Apt. #, Etc. *# C1*
City *West Palm Beach* State **FL** Zip Code *33409*

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 *Nancy Kelly* Date *7/24/03*
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 # <i>C1</i>	City / State / Zip
<i>Pres</i>	<i>Nancy Kelly</i>	<i>1119 Green Pine Blvd</i>	<i>West Palm Bch</i>
<i>VP</i>			<i>FL 33409</i>
<i>Treas</i>			
<i>Sec</i>			

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)(f), 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: *Nancy Kelly* Date *7-24-03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081(10/02)

7/28

Kelly Paralegal Service, Inc.
1119 Green Pine Blvd., #C1
West Palm Beach, FL 33409
(561) 248-1453

July 24, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Kelly Paralegal Service, Inc.

Dear Sir or Madam:

Please be advised that I am submitting the application for reinstatement, and a check in the amount of \$150.00.

I did not receive any notices in the mail, regarding filing a Uniform Business Report or an Annual Report until recently. Additionally, please note that I have recently moved my office to the above listed address.

Please feel free to contact me with any further information I can provide you.

Sincerely,


Nancy Kelly

NK
Enclosures