PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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L	PRPORATION NSTATEMEN		Se	DEPARTME cretary of DN OF CORPO		} 	• .	03 OCT 2	ILED PH 2:27
DOCUMENT # P02000080654 1. Corporation Name						TALLAHASSEE, FLORIDA			
1. Osiporation varie						1	-14	•	
Kelly	/ Achial,	Inc.							
2. Principal Office Address			3. Mailing Office Address			DEROTATION 03			
3017 West Bay Vista			4003 S. Westshore Blvd			91-35 JE	المسالا ما الأ	en de de ite	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					·	
			#2806			Date incorporated of Qualified To Do Business in Florida			
City & State			City & State			07-24-2002			
Tampa, Florida			Tampa, Florida			5. FEI Num 42-154			Applied For
Zip		untry	Zip		untry	6.		r-y eo.te	Not Applicable additional Fee required
33611	. Hi	llsborou	h 3361	.1 Hi	llsboroud	CERTIFICA h	TE OF STATUS DE		Certificate of Status
					s of Current Register	<u> </u>		<u> </u>	
	Name Kelly Achial Street Address (P.O. Box Number is Not Acceptable) 4003 S. Westshore Boulevard Suite, Apt. #, Etc. #2806								2010 2010 ** 50.00
`	city Tampa						1 1	Zip Code 33611	
8. I, being appointed the registered agent of the above named corporation, am familia with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 10-13-03 REGISTERED AGENT MUST SIGN									. S. J. CR2E081 (19002)
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				treet Address of Each flicers and/or Director		City/State/Zip		
Pres	Kelly A. Achial		2	2003 S Westshore		Blvd	#2806	Tampa, E	TL 33611
								·	
	· 				<u>-</u>	Alla	123		
									
10. Lectify that Lam 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: Relly A. Achial 10–13–03 813–831~6967									
JIGHAL		E AND TYPED OR PR	NTED NAME OF SIG				Date	Daytime Phon	

CERTIFIED PUBLIC ACCOUNTANTS

Robert E. Krusoe, C.P.A. Barbara J. Reynolds, E.A.

2002 N. Lois Avenue, Suite 160 Tampa, Florida 33607 Office (813) 877-8500 Fax (813) 877-2754

October 13, 2003

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Kelly Achial, Inc.

Ladies or Gentlemen:

Enclosed is an executed Corporation Reinstatement form that is accompanied by a \$150 check from the above referenced taxpayer.

The taxpayer was incorporated in July 2002 and was unaware of the requirement of filing a 2003 annual UBR return. The taxpayer believed that complete and accurate advice had been received from her accountant and that all required documents and taxes had been filed and paid. Upon receipt of a lien notice for non-filing of 2003 Florida Unemployment reports the taxpayer sought advice from another tax professional. It was then that we discovered the entity had been administratively dissolved for failure to file the annual report.

There was not any willful negligence-or-intentional disregard of the law but instead a lack of understanding and misplaced faith in the advice of a professional. We respectfully request that you accept the enclosed check as payment in full for 2003 and reinstate the corporation to an active status.

Your assistance in this matter is appreciated.

Sincerely.

Barbara J. Reynolds, E.A.

Enclosures

CC: Taxpayer