

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 24 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000084769

1. Corporation Name

KA-EL Industries

2. Principal Office Address

2042 NW 104 Ave.

Suite, Apt. #, etc.

City & State

Coral Springs, Florida 33071

Zip

33071

Country

USA

3. Mailing Office Address

2042 NW 104 Ave.

Suite, Apt. #, etc.

City & State

Coral Springs, Florida 33071

Zip

33071

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/05/02

5. FEI Number
22-3875431

Applied For

Not Applicable

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

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
David Elwart

Street Address (P.O. Box Number is Not Acceptable)
2042 NW 104 Ave.

Suite, Apt. #, Etc.

City
Coral Springs

2000300000472
03/08/04--01022--008 **300.00

2000300000472
03/08/04--01022--009 **8.75

State
FL

Zip Code
33071

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**

Date 03/02/04

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
Pres.	David Elwart	2042 NW 104 Ave.	Coral Springs, Florida 33071

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

Date 03/02/04

Daytime Phone # 954.579.4913

CR2E081 (01/04)

Department of State
Division of Corporations

03/02/04

To whom it may concern,

KA-EL did not receive the uniform business report in mail. Please change previous address to 2042 NW 104 Ave. Coral Springs, Florida 33071

As requested I'm sending \$300 check for reinstatement.

Also sending a separate check of \$8.75 for a copy of certificate of status.



Thank you,
David Elwart