

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107407

1. Corporation Name

2 KA VENTURES, INC.

Principal Place of Business

Mailing Address

2268 NW 36TH ST
BOCA RATON FL 33431

~~2268 NW 36TH ST~~
~~BOCA RATON FL 33431~~

PO Box 810998
BOCA RATON, FL 33481-00998

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

03-04

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2002

5. FEI Number

41-2061756

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/T/S	RONALD T. HATFIELD	2268 NW 36TH ST	BOCA RATON, FL 33431
VP	AIANA M. HATFIELD	2268 NW 36TH ST	BOCA RATON, FL 33431

600027604806
01/26/04--01071--008 **\$600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HATFIELD, RONALD T
2268 NW-36TH ST
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/14/04

11. 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

RONALD T. HATFIELD

Date

1/14/04

Daytime Phone #

561-470-9405

CR2E040 (7/03)

2KA VENTURES
DBA CASA GI US
P.O. Box 810998
BOCA RATON, FL 33481-0998
TEL 561-470-9405
FAX 561-483-4859

January 14, 2004

PO Box 810998
Boca Raton, Fl 310998-0098

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Reinstatement of 2KA Ventures, Inc. (Document # P02000107407)

To whom it May Concern:

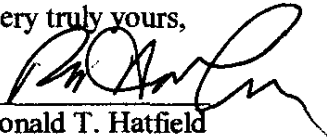
I spoke with a person in your office to understand why 2KA Ventures was facing dissolution. She explained to me that we had not filed the updated UBR as required by law. I explained that we never received the Uniform Business Report notices and as this is our first Corporation, we weren't familiar with the process.

She told me that some of the UBRs were not mailed out and told me that we should send this letter along with our application for reinstatement, explain the fact that we didn't receive the UBR and ask for the Reinstatement Fee to be waived. We are hereby asking for the waiver.

I was also told to send \$150.00 for 2003 and \$ 150.00 for 2004, which we have enclosed in our check number 1227.

If you have any questions, please contact us at 561-470-9405.

Very truly yours,


Ronald T. Hatfield
President
2KA Ventures