

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

03 OCT 30 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117898

1. Corporation Name

KAIRALI MOVIES INC

Principal Place of Business

7127 NW 44 STREET
CORAL SPRINGS FL 33065

Mailing Address

7127 NW 44 TH STREET
CORAL SPRINGS FL 33065

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

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

REINSTATEMENT

Not Qualified
To Do Business in Florida

11/04/2002

5. FEI Number

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	VARGHESE, MATHEW K	7127 NW 44 TH STREET	CORAL SPRINGS FL 33065
VP	VARGHESE, ASHA	7127 NW 44 TH STREET	CORAL SPRINGS FL 33065

400024290054
10/30/03--01053--004 **150.00

8. Name and Address of Current Registered Agent

THOMAS, JOSE, CPA
12839 NW 18 COURT
PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 (954)2707849

From: Mathew Varughese
Kairali Movies Inc
Coral Springs, Florida - 33065

To: The Florida Department of State
Division of Corporations
P.O Box # 6327
Tallahassee, Florida - 32314

Sub: Reinstatement of Corporation – Kairali Movies Inc # P02000117898

Dear Sir/ Madam:

We noticed from the web site that our corporation is in the inactive status due to the non-filing of UBR. Please note that we never received any reminder letter from you so far.

Since we have not received any prior notice of UBR, we request you to please waive any reinstatement fee. Please find the enclosed \$ 150. towards the UBR filing fee.

Please find the attached completed reinstatement form and request you to please reinstate the corporation at your earliest.

Should you have any questions, Please call me at (954) 435 4488

Sincerely


Mathew Varughese
President