

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 JUN -7 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000118713

1. Corporation Name

KADO INDUSTRIES, INC.

2. Principal Office Address

1507 20TH ST

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32960

Country

INDIAN
RIVER

3. Mailing Office Address

1507 20TH ST

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32960

Country

INDIAN
RIVER

REINSTATEMENT

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/5/02

5. FEI Number

57-1136916

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEFFREY SAULL

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

1507 20TH ST

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32960

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/13/05

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
P	JEFFREY SAULL	1507 20TH ST	VERO BEACH, FL 32960

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/05 7727784447

Date

Daytime Phone #

CR2E081 (01/05)